DOCUMENT RESUME

ED 377 967 PS 022 877

AUTHOR Evans, Judith L.; And Others

TITLE Childrearing.
INSTITUTION Consultative Group on Early Childhood Care and Development, Haydenville, MA.
PUB DATE 94
NOTE 79p.; Contains numerous photographs.
AVAILABLE FROM Judith L. Evans, 6 The Lope, Haydenville, MA 01039.
PUB TYPE Collected Works - Serials (022)
JOURNAL CIT Coordinators' Notebook; n15 1995

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Beliefs; *Child Caregivers; *Child Rearing; *Early Childhood Education; Family Environment; Family Programs; *Folk Culture; Foreign Countries; Parent Child Relationship; Program Development; Scientific Attitudes
IDENTIFIERS Africa (Sub Sahara); Latin America; *Networking; *Traditional Nontraditional Attitudes

ABSTRACT

This theme issue focuses on various aspects of child rearing. The first article, "Childrearing Practices; Creating Programs Where Traditions and Modern Practices Meet," discusses how traditional and modern child rearing practices can be interwoven to develop appropriate programs that serve young children and families. "Resilient Children and Families" looks at the importance of traditional practices and beliefs in preserving families facing trauma. The two articles that follow present the specific child rearing practices and beliefs found in the Sub-Saharan Africa and Latin America, and reported at subsequent workshops. An overview of the methodologies employed in all of the child rearing studies is provided. Following these articles are brief descriptions of research experiences in Egypt and Lao People's Democratic Republic. The latter part of the journal is entitled Network Notes and describes activities of international groups dedicated to improving the conditions of young children; networking between organizations; and the Fourth World Conference on Women at Beijing in 1995 and related issues. Also included is a section on publications and videos. (BAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 377 967

THE C...LTATI...
ON EARLY CHI...
CARE AND DEVE...

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PS 022877

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Judith L. Evans
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Network Notes, Part 57

BEST COPY AVAILABLE

CHILDREARING PRACTICES:

Creating Programs Where Traditions and Modern Practices Meet

JUDITH L. EVANS
ROBERT G. MYERS

Children are more than the object of their parents' attention and love; they are also a biological and social necessity. The human species perpetuates itself through children; cultural, religious and national groups transmit their values and traditions through children; families maintain their lineage through children; and individuals pass on their genetic and social heritage through children. The ultimate value of children is the continuity of humanity.

Arnold, et al., 1975, pg. 1

UNICEF 5872 Vilas

For years anthropologists, sociologists and psychologists have been providing descriptions of how children are raised within cultures around the world, including the beliefs and practices surrounding pregnancy, child birth and treatment of young children. We have information on what children are being fed and how often. We know how children are socialized to pass on the culture. We know where parents turn when a child is sick and what they do to restore their children's health. Yet we don't use that information when creating programs for young children and their families.

Despite the extremely rich data that exist on traditional childrearing practices, patterns and beliefs, it is only relatively recently that those involved in creating interventions have thought to use these data as the basis for program development. Early Childhood programs have been based primarily or exclusively on what is thought to be *scientifically* appropriate for young children, without taking into account the traditional childrearing contexts within which the programs are being developed. This often creates a gap between what the program providers think should happen for young children and what parents are used to doing. One of the challenges faced by those developing policies and programs to support young children and their families is how to maximize what can be provided for the child by interweaving practices

UNICEF 5810 Jeremy Hartley

4

BEST COPY AVAILABLE

A woman and man gather with 11 of their 13 children in their courtyard in the village of San Juan Bautista in Paraguay.

that "scientific" evidence would suggest a child needs with effective traditional childrearing practices and beliefs.

During the past three years the Consultative Group on Early Childhood Care and Development, with support from UNICEF, has organized a series of workshops on childrearing practices and beliefs. The first set occurred during 1991 and 1992 and was focussed on Latin America. More recently, in 1993, the Consultative Group conducted a comparable workshop in Sub-Saharan Africa. Within the workshops there was an expressed need to have a better understanding of how to assess childrearing. There was also a desire to share information and develop strategies on how to use this information to develop appropriate programs for young children and families. In this article we will discuss what was learned about ways in which scientific information can be brought together with an understanding of traditional and evolving practices to develop programs that serve young children and families. In the two articles that follow there is a presentation of the specific childrearing practices and beliefs uncovered in the Sub-Saharan Africa and Latin America Workshops, drawn from the reports on the workshops. (Myers, 1992; Evans, 1994)

Why is Knowledge of Childrearing Practices, Patterns and Beliefs Important?

Today we have considerable knowledge about what makes programs for young children and their families successful. We have understood the importance of community involvement in all steps of the process, building on what exists already within a community; and creating partnerships to help sustain efforts. However, even with this knowledge we sometimes miss the mark when creating programs. We develop program activities that never seem to catch on, our messages are misinterpreted, we find that people have no way of connecting what we are offering to their daily lives, we find 'technologies' misapplied. Why is this so? One of the most basic reasons is that frequently programs are designed without a clear understanding of the culture within which they are being offered. Even programs based on a community-defined need may not be designed in response to the community context. Unfortunately, ideas about practices to be promoted in a program frequently come from individuals who are not part of the culture or

Facing page **A mother stays with her sick child in the pediatric ward of the regional hospital, in the capital city of Ashkhabad in Turkmenistan.**

group that the program is intended to serve. A clearer understanding of childrearing practices, patterns and beliefs would help us do our job better. More specifically, knowledge of childrearing practices, patterns and beliefs is important:

■ to understand, support and improve the childrearing process

The fields of health and developmental psychology suggest that there are actions taken by caregivers that are supportive of children's growth and development. There are also some actions that are detrimental. By detecting and understanding the effects of childrearing practices on children's development it is possible to identify those practices which should be supported and those which ought to be discouraged.

■ to respond to diversity

Children grow up in a wide variety of different physical, social and cultural circumstances. Even within cultures there is diversity. There is no "right way" to bring up children. Nonetheless many programs intended to help young children are conceived of as if all children and circumstances were the same. Too often there is a search for the one model that will serve everyone. Understanding practices and patterns and incorporating that knowledge into programs is crucial if programs of early childhood development are to serve the variety of children and families and circumstances that any program is bound to encompass.

■ to respect cultural values

Practices, patterns and beliefs define the ways in which children are socialized. The rhetoric of most programs includes a plea to respect cultural differences. Indeed, the Convention on the Rights of the Child indicates that children have a right to their cultural identity. If this is to occur, a much greater effort must be made to define, describe and understand the reasons for cultural differences in the upbringing of children.

■ to provide continuity during times of rapid change

Environments and practices are changing as a result of economic, social and political changes. Sometimes these changes are very rapid and they can have a significant impact on children's development. In the process, some practices are being lost that continue to have both cultural and scientific value. Other practices, which appear to be "deviant", represent novel adaptations to particular settings, and may be followed for good reasons and with good results. An attempt should be made to understand rather than suppress them. Conversely, old practices are being applied in new settings or new practices are being adopted that may not be appropriate to the changing settings in which a child is growing up. Unless these changes in circumstances and in forms of childrearing are identified and understood, policy and programs may take a misguided view.

Traditional practices and beliefs have a particularly important role to play when children's lives have been radically changed as a result of war, migration and other difficult circumstances, as described in the article by Claudia Black on page 10.

Childrearing practices, patterns and beliefs are based on a culturally-bound understanding of what children need and what they are expected to become.

What is Meant by Childrearing Practices, Patterns and Beliefs?

Childrearing practices are embedded in the culture and determine, to a large extent, the behaviors and expectations surrounding a child's birth and infancy. They also influence childhood, adolescence and the way these children parent as adults. Childrearing consists of practices which are grounded in cultural patterns and beliefs. Put in the simplest terms, caregivers have a set of practices/activities available to them. These have been derived from cultural patterns, ideas of what *should* be done, and constitute the accepted practices or norms. These, in turn, are based on beliefs about *why* one or another practice is better than another. The practices, patterns and beliefs affect the style and quality of caregiving. For instance, the practice of constantly carrying a child has a different effect on the development of that child than the practice of placing the child in a cradle or playpen. Further, a social and parental belief that children are given by God, and therefore should be treated in a particular way, has effects that are different from the belief that children are human creations.

Practices: What and How. Practices include activities which:

- *guarantee the child's physical well-being*—keeping the child safe and free from harm, providing shelter and clothing, preventing and attending to illness.
- *promote the child's psycho-social well-being*—providing emotional security, socialization, nurturing and giving affection.
- *support the child's physical development*—feeding, bathing, providing safe places to play and explore.
- *promote the child's mental development*—interaction, stimulation and play.
- *facilitate the child's interaction with others outside the home*—within the community, at health clinics, at school, etc.

At a very general level all of these behaviors can be found in most societies.

At a more specific level, *what* is done to help a child

survive, grow and develop merges with *how* it is done to define and distinguish practices that vary widely from place to place. For instance, in responding to the need for food, the practice of breastfeeding contrasts with the practice of bottle feeding. Feeding on demand contrasts with scheduled feeding. The practice of constant carrying differs dramatically from the practice of placing a child in a crib, cradle, hammock or playpen for prolonged periods. The practice of talking to a child about appropriate behavior contrasts with an emphasis on non-verbal forms of communication in the socialization process.

Patterns: What should be done? The childrearing patterns of a culture are the childrearing norms. They include the generally-accepted styles and types of care expected of caregivers in responding to the needs of children in their early months and years. The patterns define childrearing in a way that assures the survival, maintenance and development of the group or culture as well as of the child. There are patterns of behavior surrounding specific times in a child's life. For example, there are expectations in terms of parental and community behavior in relation to a child's birth. There are norms in relation to how a child is named. There are expectations in terms of how an infant's death is handled. There are expectations in terms of how the child will learn to become a responsible member of the society.

While the patterns govern the culture as a whole, these patterns may or may not be followed by individuals; there are variations in the particular circumstances in which a child is raised and individual caregivers differ in their beliefs and knowledge. Sometimes within a culture there is considerable latitude in terms of adherence to cultural patterns. In other instances, deviation leads to ostracism.

Beliefs: Why should things be done that way? The explanation for why particular childrearing practices are used comes from the traditions, myths and the religious systems that underlie the culture. The beliefs are a response to the demands of the culture as well as the needs of individuals. The family and community implement specific childrearing practices which they believe will:

- Ensure the survival and health of the child, including the development of the child's reproductive capacity to continue the lineage and society.
- Develop the child's capacity for economic self-maintenance at maturity, to provide security for the elders and younger members of the society.
- Ensure the survival of the social group by assuring that children assimilate, embody and transmit appropriate social and cultural values to their children.

In some instances beliefs evolve as the needs of the people change. In other instances beliefs restrict people's ability to respond to changing conditions.

Neighbors eat from a common tray, sitting in the living room of one of their houses, in the village of Shimstar, in the Bekaa region of northern Lebanon.

UNICEF 93 BOU1056 Nicole Tourtouyt

In most societies, the family, however defined, is the primary unit given responsibility for raising children. There is considerable individual variation in practice from family to family, depending on the psychological make-up of the parents, including their own personality, the experiences they had as children, and the conditions under which they are living. The role other members of the society play in the raising of children differs depending on the specific cultural group. In some settings community members play a significant role and in others they take on a more distant role.

UNICEF 93 BOU1057

When societies are more or less isolated from one another and there are few outside influences, what one generation passes on is similar to the way the next generation raises its children and there is a relative stability of values, practices and beliefs.

While some cultures have remained relatively isolated and intact, there are other cultures which have been more vulnerable to change. This vulnerability is the result of increased exposure to other ideas, sometimes through formal education, and increasingly through mass media. For some societies the introduction of different ideas has resulted in a relatively easy incorporation of the new, with maintenance of the traditional. For others, the juxtaposition of the traditional and the new, along with economic changes which have threatened people's survival, have left cultures disorganized and groups of people at a loss in terms of their values and beliefs. In the jargon of present-day psychology, these cultures could be classified as 'dysfunctional'. They no longer provide children with the grounding, stability, and vision that was found within traditional belief systems.

In the struggle for identity and in the desire to be "modern", some have completely cast off their traditions, or think they have. Yet the modern does not always work for them. As a result, people are seeking to identify and recapture traditional values. There is an increasing awareness that much of what existed within traditional cultures was positive and supportive of growth and development, for the individual and for the society. Likewise there were practices that today we recognize as harmful to a person's health and well-being. It is this search to define and understand the traditional in relation to what is known today that is the basis of current research and programs in many parts of the world.

The Interface Between Childrearing Practices and Scientific Knowledge

While childrearing practices may be different across cultures, scientific knowledge would suggest that there are basic needs that all children have and a predictable pattern of development during the early years that is universal. Studies from different parts of the world reveal that all young children need adequate nutrition, health and care from birth onwards. The lack of these supports during the early years has permanent negative effects on later development. Not only are there consequences for the child's physical well-being; in addition, these variables interact with and have an impact on the child's social and cognitive development. While these factors are influenced by the economic and political context within which the child lives, they are mediated through the family's childrearing practices, patterns and beliefs.

The type of childrearing practices required at a given point in time depends to a large degree on the child's developmental age and the health and nutritional risks the child is facing. For example, influences on the child during the prenatal period and into the first few months of life include the mother's pre-pregnancy health and how much weight she gains during pregnancy, her dietary intake, how much energy she expends, and her emotional state. (Engle, 1992) There are traditional beliefs and practices that impact on the mother's health and preparedness to give birth to a healthy infant. For example, in many cultures in Sub-Saharan Africa the practice is for pregnant women to observe food taboos that restrict their consumption of foods that are in fact important to their nutrition and the growth of the foetus. In some instances these taboos compound women's undernourishment and lead to high maternal and infant mortality rates.

At birth and during the first year of life the child is at the greatest risk of mortality. That may be why there are so many beliefs and practices within traditional cultures that surround the birth of a child. It is recognized as a critical time for both the child and the mother. Where a period of confinement is a part of the tradition it allows the mother time to recover physically and to bond with the child before she is required to assume her tasks. The negative side of this practice is that it may keep the mother from getting medical care that she requires.

During the *post-partum and early infancy stages* the

child is completely dependent on others for care. Generally the mother is the primary caregiver, sometimes with considerable support from others and sometime alone. She is responsible for providing all the things an infant needs: protection from physical danger; adequate nutrition and health care; an adult who can understand and respond to signals; things to look at, touch, hear, smell, and taste; opportunities to explore the world; appropriate language stimulation; and an adult with whom to form an attachment. (Donohue-Colletta, 1992, pg. 65) The level of support the mother receives from others in the family and from society plays an important role in the kind of care she is able to provide during this time. Thus the cultural patterns surrounding the role of the father, other family members and the community during this period is important for the child's survival and development.

During *late infancy* (or when complementary foods are introduced), the child is at greatest risk of growth faltering. While growth faltering may be the result of inadequate nutrition, there is clear evidence to suggest that the feeding process itself is important in determining a child's later development. (Evans, 1994) Thus, not only is it important to know what kinds of foods are available to children, it is also important to understand the context within which food is provided.

Once again, there are traditional practices (positive and negative) that provide insight into the factors affecting a child's nutritional status. These involve the kinds of foods that are recommended for children, food taboos, and what kind of food is introduced and when. Also of importance are feeding patterns within the family. In some cultures children are fed only what remains after all other members of the family have eaten. Children may also eat only when adults eat, which may be two times a day. Also of importance is who is doing the feeding? Is it only the mother? Is her attention given to the task or is she involved in other activities at the same time? Are older siblings the ones responsible for feeding the younger child? Are they paying attention to how much the child is eating? Are they paying attention to the child during the process?

In Phnom Penh, a woman gives oral rehydration salts (ORS) solution to her sick child.

UNICEF/ 5884 Roger Lemoyne

UNICEF/93 BOU00722/Jeremy Horner

Women and children sit outside a small shop, in the squatter neighborhood of 27th of March, on the outskirts of Lima, Peru.

Answers to all these questions would provide important information related to the child's nutritional status.

As children become *toddlers* and begin to move around on their own, environmental cleanliness and vigilance in terms of the child's safety are of utmost importance. In addition to the kinds of supports the children required as infants, when they become toddlers (1-3 years of age) they need: support in acquiring new motor, language and thinking skills; a chance to develop some independence; help in learning how to control their own behavior; opportunities to begin to learn to care for themselves; daily opportunities to play with a variety of objects. (Donohue-Colletta 1992, pg. 65) There is wide variation across cultures in terms of the extent to which parents understand children's need for stimulation and their beliefs about what children are and are not able to do. For example, in Thailand parents believed that infants could not see and therefore could not respond to adults. Placing children in closed cradles seemed a reasonable thing to do. Through videos and home visits parents saw infants responding to things in the environment. They then began to see the importance of opening the cradles and interacting more with the infant. (Kotchabhakdi, 1987) In this instance, introducing the practice of playing games with your infant without changing the belief system would have been futile.

UNICEF 5860 Vilas

A girl cares for her baby sister while attending a nonformal class for working children in New Delhi.

While the mother remains the primary person responsible for the safety, care and feeding of the child, it is during the toddler period that the child moves out from the mother. Over time others in the family and community play an increasingly important role in the care of the child, particularly in terms of socializing and teaching the child through direct instruction and modelling. In some cultures "over time" means a few weeks after the child is born. In other cultures this can mean several months or years later. The most common time for *moving out* is when the child is weaned completely from the breast.

The *preschool child (3-6 years of age)* is more self-reliant. During this age children are socialized into the culture. In some cultures they become quite independent and are required to take on considerable responsibility, even to the extent of being responsible for the care of younger siblings. In other cultures children are not encouraged to develop independence until much later. They remain totally dependant on adults for their care and feeding. Again, the culture the child is raised in determines the timing and the kinds of skills acquired in relation to self-care, independence and the development of responsibility.

While in many cultures in the Majority World (the developing countries) children may be given the role of caretaker for younger siblings, children ages 3-6 also have needs of their own. They need: opportunities to develop fine motor skills; encouragement of language through talking, reading, singing; activities that will develop a positive sense of mastery; opportunities to learn cooperation, helping, sharing; and experimentation with pre-writing and pre-reading skills. (Donohue-Colletta 1992, pg. 65)

While there is continuity in children's development, both traditional belief systems and scientific knowledge recognize that there are transition points that represent a real shift in children's experience. For example, when the child is weaned from the breast, when new foods are introduced, when the primary caregiver role expands to include others besides the mother, and when the child takes on adult responsibilities, are but a few of the significant transitions. These developmental shifts require adjustments by the child. Within traditional cultures there are frequently practices and/or rituals which help mark these times, acknowledging the transition.

In sum, traditional societies have evolved ways to support the growth and development of children in response to contextual needs. Many of these childrearing practices, patterns and beliefs are consistent with current scientific understanding of children's growth and development. But, as the cultures are undergoing change, some of the childrearing practices and beliefs are falling by the wayside. Parents are unclear about their goals and expectations for their children and

they are questioning the appropriateness of traditional practices. New demands and the absence of traditional supports are forcing families to do things differently. Some parents are aware that they are raising their children differently from the way they were raised. Other parents are implementing alternative childrearing strategies in response to changing conditions without being particularly conscious of what is being lost or retained from traditional practice. In both instances, what the parents do has an impact on how the child grows and develops. But families do not live in isolation. They are part of a community and a larger socio-political system that defines the context that shapes childrearing practices and beliefs. Thus any attempt to work with families to support their childrearing practices needs to be done within the wider socio-political context.

The Context

Just as programs cannot be developed by looking at the child in isolation, neither is it possible to define the impact of childrearing practices only in relation to the ways in which the family and community function. The broader context which surrounds the family and community must also be taken into account.

Understanding the context helps provide an understanding both of the ways in which childrearing practices have developed and the ways in which they are evolving. The context is composed of many things. It includes:

- the physical environment—the climate/geography of the area that determines the need for shelter from the heat or cold, and the relative ease of raising food crops to sustain the family;
- the socio-political climate that determines whether families have security or a life dominated by fear;
- the economic climate that determines a family's ability to survive and thrive;
- the philosophical and religious systems that provide a base for the values and beliefs of the society and a cultural identity for the family;
- the past, which is presented to the child through legends, myths, proverbs, riddles and songs that justify the existing social order and reinforce customs;
- the family and community who act as models of expected behavior;
- the village, which presents a variety of situations calling for prescribed behavior.

The configuration of these dimensions determines the kinds of supports (or detractors) present as families and communities raise children. One way to analyze possible configurations is along a continuum. In 1990, Negussie completed an analysis of childrearing practices in Sub-Saharan Africa (1990). She chose to represent these childrearing practices along a continuum related to degree of modernization. At one end of the continuum are **traditional** cultures. These are defined as cultures within which childrearing practices and beliefs are based on inherited and orally transmitted knowledge. The context is more or less stable and there are adequate resources to support the traditional way of life. Negussie notes that, in general, traditional cultures are more characteristic of rural than urban areas.

Societies that would be placed along the continuum between the two ends are characterized as **transitional**. For these societies there is a shift away from traditional practices as they are exposed to new ideas and/or there are changes in the environment which threaten their survival, forcing them to make changes. Negussie suggests that those migrating from rural to urban areas and/or living in marginal communities can be characterized as in transition. Within societies that are in transition, childrearing practices and beliefs include a mix of the traditional and modern, and the mix is different depending on what is required of families.

The other end of the continuum can be defined as **modern**. Cultures located at this point on the continuum have access to and are using non-traditional (Western) health care and education in place of traditional systems. Negussie found that those living in peri-urban and urban areas are most likely to be placed at this point on the continuum.

This way of defining contexts is elaborated on below.

■ Traditional: reliance on inherited and orally transmitted knowledge

Many of the studies of childrearing beliefs and practices in Sub-Saharan Africa conducted earlier in this century captured the childrearing practices found within traditional societies.[1] In some sub-Saharan African countries there are pockets where these cultures continue to exist, but these are few and far between. In most countries, traditional childrearing practices, both positive and negative, are changing as families are exposed to other beliefs and practices. Where traditional practices have been interrupted the society may be classified as in *transition*.

■ Transitional: as a society that relied primarily on traditional wisdom begins to adopt alternative beliefs and practices

> *If the goals set by the 'modern society' [are] different from those earlier set by the indigenous society, the individual follows the former. The result is the disintegration of the earlier set of goals and values. Nigerian society and culture is one undergoing such disintegration. The generally set goals seem to be western, materialistic and individualistic. In the rural area though, there still seems to exist traditional values, but these too are rocked by the waves of principles of democratization and modernization, the vehicle of which is education—western education.* (Akinware & Ojomo, 1993, pg 40)

[1] However, it must be recognized that many of these studies may well be telling us more about the biases of the observer than they do about the etiology and value of the practices being observed. (Evans, 1970)

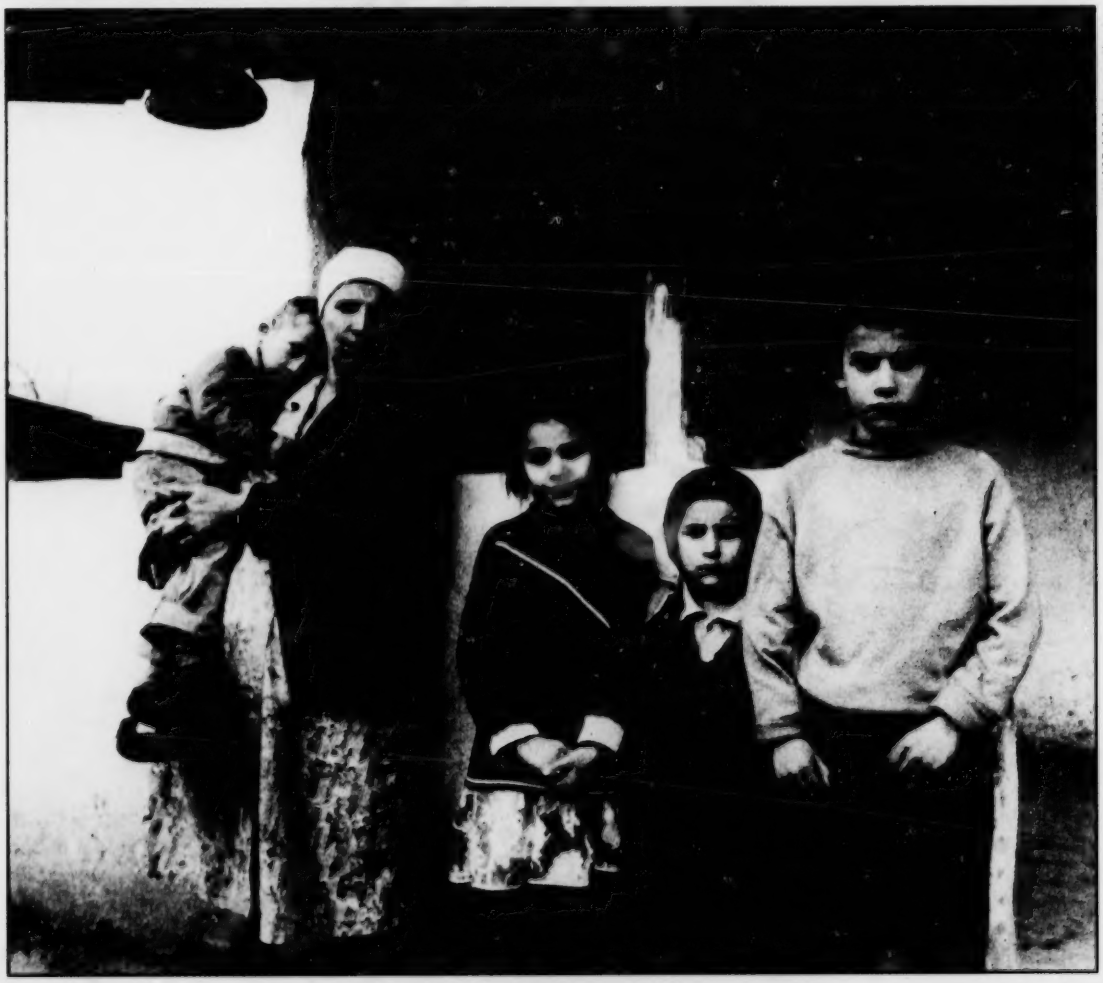
Many African and Latin American cultures can be characterized as in a time of *transition* as a result of changes which impact family life. These changes indirectly affect childrearing beliefs and practices and the growth and development of children. Families and communities are in transition as a result of:

Changes in the traditional functions of the family. One particularly important support to parents has been the community and the extended family system. In the past, close family ties provided a built-in measure of economic, emotional and social security to children and families, but this traditional support for families has been disrupted as families are moving from the rural to urban areas, as families are migrating in search of work, and as individual family members leave the village in search of educational and economic opportunities. Many of the previous roles of the community are being taken on by society or falling by the wayside.

Changes in the structure of the family. The size of families is declining. This is due partly to the fact that people are having fewer children, but more significantly the decline in family size is due to a move from multi-generational family groupings to the nuclear family, which, by virtue of its limited number of adults, often fails to provide the care and support required by children. It is also important to note that these smaller families are frequently not very stable units. There is fluctuation in the numbers and members in a household as a result of seasonal and work-related in- and out-migration.

Changes for the girl child. Women and girls have become the focus of international attention. Childrearing practices which relied on the older girl child to care for younger children in the family are being challenged. Girls who have traditionally been responsible for the care of younger siblings are attending school at an increased rate and being

Almost half of Uzbekistan's population of 20.5 million lives in poverty, a context which greatly affects a family's ability to cope and thrive.



UNICEF 5834 Jeremy Hartley

UNICEF:93-1161/Francene Keery

In the city of San Ignacio Misiones, Paraguay, a woman farmer, accompanied by her daughter, attends a training seminar.

encouraged to complete their education. This has an impact on arrangements for child care within the family.

Changes in the nature of women's work. Women have always played multiple roles that compete for their time and physical and emotional energy. Regardless of the context within which children are raised, care of children, particularly young children, is still the woman's responsibility. In addition, the woman is responsible for household management and operations, and economic/productive activity. New economic pressures on and possibilities presented to women mean that increasingly they work outside the home, often for long hours and following schedules that limit their availability and thus the time they can devote to child care.

In rural areas women often work in the fields. While in many cultures women have historically constituted a majority of the agricultural work force, in other settings the out-migration of men who are seeking employment has increased women's agricultural role. In addition, in some agricultural settings plantation economies and cash crop production have meant that women are increasingly being exposed to the demands of rigid time and work schedules similar to those common in urban environments.

In both urban and rural environments there is an increase in the number of women-headed households. This necessarily affects the woman's work load.

Changes in men's roles. Traditionally in many cultures men have been given a limited, but usually clear, role in the upbringng of children during their early years. They are disciplinarians. They are models for the young boys. But they are usually little involved in day to day upbringing. In some cultures (the sierra of Peru and Bolivia, for instance) men are directly involved in rituals related to the birth of the child. But, as societies change, men's role has been changing. In many societies it is no longer defined by tradition. More and more it is being defined by changes in the economic situation and configuration of the family.

Within the cultures reported on at the workshop on childrearing beliefs and practices in Sub-Saharan Africa, the movement of families from rural to urban areas has impacted both positively and negatively on the role of the father. For example, in Nigeria it was found that as families move to urban areas they lose

the support of the extended family. Because the majority of the families cannot afford to hire caregivers, the men became more involved in providing care for the children. Quite the opposite was found in Malawi. There when families move to urban areas, even the little interaction men have with their children is generally decreased.

Changes in migration patterns. Until recently men were the most likely to migrate in search of paid employment. In recent years, however, with the creation of free market zones, more and more women are migrating to these zones to obtain work. The potentially negative impact of this migration on families and young children is of concern to many.

Within traditional societies the norms, beliefs and practices were relatively stable. Expectations in terms of parental behavior were clear. For families in transition childrearing practices are not clear. These families may lack the skills to live in the state of flux represented by transitional cultures. In this situation parents may have a sense of powerlessness and be less self-confident in terms of their parenting skills. This can lead to childrearing practices that are inconsistent and/or overly restrictive (Werner, 1979). For those families who have been living in urban areas for a generation or two, they may well have incorporated more "modern" childrearing beliefs and practices.

■ Modernity: when non-traditional health, education, and social supports are available and relied upon more than the traditional

Technology has made a wide variety of supports available to families that are not available within traditional cultures. While there are pros and cons on just about every technology that has been introduced, the availability of these technologies has radically changed people's lives. For example, bottle feeding has made it easier for women to enter the labor market. But the introduction of bottle feeding and the decrease in breastfeeding has resulted in high infant mortality and morbidity rates due to improper use of bottles and infant formula. Another example is the introduction of a local primary school, facilitating the attendance of girls in school. This may mean that infants are cared for by siblings older than the infant but too young to go to school, putting both at risk.

In sum, in societies with limited exposure to outside influences, the context is relatively constant and as a result childrearing practices remain more or less the same across generations. In societies in rapid flux, there are dramatic changes from one generation to the next in the context within which children are raised. These lead to differences in the type of care that is provided to children. Families living under traditional beliefs will raise children in one way; families in transition, or who consider themselves modern, will have quite a different set of beliefs and patterns that determine their practice. Knowing this about families assists in the process of creating appropriate programs.

Strategies for Developing Appropriate Programming

> *The challenge lies in changing the negative things without changing the positive ones. Unfortunately experience has shown that new changes bring new problems. It is therefore important to fully understand the implications of any action before embarking on it.* (Kalemba, 1993, pg. 17)

The primary reason for looking at the ways in which traditional beliefs and practices coincide with more recent thinking is for the purpose of creating programs which support the positive and provide alternatives for the negative practices and beliefs. The following principles of programming generated as a result of the workshops coincide with what is known as a result of considerable programming experience and an accumulated knowledge about the kinds of approaches that are most effective.

■ Gather information to gain an overall view of the practices and beliefs within a given culture

In order to build a program based on an understanding of childrearing practices, patterns and beliefs, it is important to have a good understanding of what is already known. The question then becomes: Where is knowledge on childrearing practices and beliefs located and how can it be tapped? There are two main sources of data: the scientific literature and experience.

Science. The accumulated "scientific"[2] literature available today includes basic research on child development. These studies are often directed toward identifying universal principles of development. However, that literature also includes psychological, medical, anthropological, and sociological studies of how people in particular cultural and geographic settings care for their young children.

Unfortunately, the literature dealing with traditional childrearing practices and patterns has many limitations. First, access is a problem since the information cuts across many disciplines and thus one must seek data from a variety of sources. Second, the information is often presented in academic language and requires 'translation' into a form that is useful to program and policy people. Third, for the most part, the existing literature is derived from a Western or Northern conceptual base that can distort some of the findings. Fourth, some of the literature is outdated.

[2] Scientific" is in quotation marks because it is recognized that today's scientific knowledge may well be tomorrow's quaint beliefs of yesterday.

Nevertheless, this literature, placed in perspective, provides an important starting point.

It should be noted that literature searches should be extended to include information found outside the scientific literature — in such sources as novels, biographies, traditional stories and myths.

Experience. Another source of knowledge about childrearing is experience. This experience is of two types. One is based on immediate, personal experience, reflecting the circumstances of individuals in particular families and communities. A second type is accumulated experience, which adds up to a "traditional wisdom." Usually, experience is not brought together in a systematic way or written up. A major challenge is to capture current experience and to describe "traditional wisdom" without making a prior judgement about its values.

■ Identify where there are significant gaps in knowledge about childrearing practices, patterns and beliefs

In developing programs for young children and their families it is important to have an understanding of the ways in which current practices and beliefs affect the child's overall development. Many of the studies which have been conducted on childrearing practices and beliefs have focussed primarily on health and nutrition issues. There is generally less information available on practices that are related to psychosocial and/or cognitive development. For policy-makers and planners interested in supporting children's overall development, this may well represent a significant gap in information available. If so, then a specific focussed study should be designed to gather the relevant information.

From the workshops there were several examples of focussed studies. In-depth studies were conducted in Mexico, Mali and Namibia. In Mexico the focus was on the role of change agents. In Mali, the focus was on understanding how traditional child care systems work. In Namibia the researchers were asked to look specifically at childrearing practices that supported children's cognitive and socio-emotional development. While these studies were focussed on providing an in-depth look at a particular aspect of a culture, additional data were gathered that provided a picture of the overall context within which children are being raised.

■ Select a methodology that will yield the kind of data required

One of the tasks of current researchers is to explore questions such as: What practices have fallen by the wayside over time? Why? (Because they were practices that no longer served the culture? Because they could not be maintained due to changes in caregivers? Because of the introduction of "scientific" knowledge?) As a result of changes in childrearing practices have some good practices been lost? What practices have been maintained? How do they serve the culture of today? Why are some practices that we know to be harmful still being maintained, such as the circumcision of girls?)

To get answers to these questions requires a flexible methodology. Those who attended the workshops agreed that questionnaires and interview schedules should not be used rigidly because this inhibits responses and limits conversation. Rigid adherence to a format with a particular order and categories does not allow important issues and practices to emerge that might not have been included in the original instrument. It also increases the chances that respondents will say what they think the interviewer wants to hear.

One strategy is to work with community "agents" (including, for example, community educators and health workers, animators (discussion facilitators) of grassroots organizations, religious leaders, educators) who have long experience in communities and who have presumably acquired a deep knowledge of practices and patterns in the specific communities in which they have worked. (It should not be assumed, however, that because agents are part of or work closely with a community, they are necessarily knowledgeable about childrearing practices.)

Another suggestion is to turn more directly to parents and other community members in a process of discovering and describing local practices. More specifically, in the Latin American context, it was suggested that attention be given to the utility of a participatory method used by the Roman Catholic Church in its planning, termed "The Study of Reality." This method, which is similar to popular education approaches, involves community members in a process of 1) seeing (collecting information), 2) judging (analyzing), and 3) acting (using the information

---

In Ecuador, local health people were incorporated into the process of collecting childrearing information. Along the way, they not only acted as collectors, but also as observers and as processors of the information, internalizing it and discussing it in an inter-disciplinary team. This led to some immediate changes in the form in which local health centers operated. In this case, the information-gathering process had a direct effect because the researchers were also the potential users. (Roloff, et al., 1992)

---

to play and carry out activities). It was felt that the method, with which the Church has had wide experience, could be focussed on examining the condition of children, ages 0 to 6, and the childrearing practices in a particular community. Doing so would not only provide knowledge about childrearing but would also, presumably, provide a basis for action by the practitioners and caregivers participating in the process.

■ Check on the validity of the data

The suggested interview and questionnaires techniques rely on a verbal response. The validity of such responses is sometimes questionable. What people say they do or believe is not necessarily what they actually do or believe. While none of the studies in Latin America relied on systematic observation, observations were used in the majority of studies conducted in Africa and were used both to validate the verbal information as well as to complete the picture.

If observation is not possible, another way to validate the results is to compare what is obtained with what is found in the literature, with opinions of local informants, and with opinions of specialists in the field. Another good strategy is to discuss the results directly with the people from whom the information was originally obtained.

In addition to helping identify incorrect interpretations and to look for explanations, this process is intended to promote reflection and change. For example, results of a Jamaican study of the role of fathers in childrearing were fed back to the same fathers from whom information was gathered. The process of discussion of these results led to the formation of men's parenting groups. Moreover, the research information has been converted into a discussion guide for use by groups in church, school, community and other settings. The guide is titled "Men and their Families" and is currently being used to train facilitators who will each use the information to work with groups of Caribbean men. (Brown et al., 1993)

In addition to discussing the results with those who helped generate the data, a number of useful techniques that can be drawn upon include:

- Asking adults to reflect on their own childhood. Remembering childhood helps to establish key themes, can identify continuity and change in practices, contributes to the empathy of the parents with the child, and can provide an easy way of including men in the conversation. This exercise seems particularly important because of the marked tendency for parents to repeat practices applied to them when they were children, even if they do not think those practices were appropriate or just.
- Comparing practices and beliefs across generations by seeking out older and younger parents. This technique also helps to identify continuities or discontinuities in practices across generations—the "generational matrix".

In Lima, Peru, a mother discusses her infant's development with a nurse.

UNICEF 93-BOU0705 Jeremy Horner

Resilient Children and Families

CLAUDIA A. BLACKBURN

UNICEF 93-1179 Jeremy Horner

The importance of traditional practices, patterns and beliefs is especially evident when dealing with children and families who are victims of traumatic conditions. Traditions can provide a source of strength and reorientation when an individual or family's world is disrupted, and can enhance the child's ability to survive and thrive.

It is quite extraordinary that some children and adults not only survive trauma but are able to continue to thrive regardless of their many losses, trauma, and difficult living conditions. How does one child survive over another even when both possess the same painful history? Why does one individual adjust to the many traumas with fewer problems than a family member who has shared the same experiences?

These questions have led researchers to study the impact of trauma and the conditions for resiliency. Resiliency is the ability to recover from or adjust easily to misfortune or change. It is the capability of a strained body and mind to withstand shock and recover without permanent deformation.

Living with trauma and its effects, children and adults will frequently possess a behavioral pattern of learned helplessness and a belief in a foreshortened future. Life appears to have little meaning or purpose. It is common for victims to repeatedly experience an inability to effect change for themselves or their family. How then can resiliency be created or reinforced with this level of hopelessness and helplessness?

The current research on resiliency and trauma has led to interesting observations and conclusions that can guide us in developing programs that support young children and families in difficult circumstances. Through research, several major factors have been identified that appear to preserve or build the resiliency of an individual. These elements have strong implications for establishing programs in unstable or hostile environments where a child or adult may be at high risk for victimization. It is suggested that parenting and child care programs explore ways to incorporate the following factors to build a program consistent in strengthening the emotional and physical well-being of their population.

■ Access to culturally-appropriate personal support

A major factor that appears to contribute to resiliency is access to support from either family members or outside significant resources. If children or adults can rely on some form of personal contact that is consistent with their culture and customs, particularly with family members or other individuals from their community, they will remain more emotionally resourceful. A personal support network provides a safety net to prevent individual parents or children from falling into the desolation often caused by poor living conditions and severe trauma.

■ Continuance of traditional rituals, celebrations and practices

Meaningful community events based on the cultural norms can also help to maintain hope and stability in an ever-changing environment. Even in the midst of war and poverty, traditional cultural rituals,

Claudia Blackburn is a psychologist who works internationally with programs that serve families living in difficult conditions, and individuals traumatized by alcoholism, abuses, and social dissolution.

celebrations, and gatherings can be adjusted to the conditions to enable individuals and families to either maintain or reestablish a sense of community and a sense of self.

■ The opportunity to exercise control over some aspect of their lives

Individuals' beliefs regarding their degree of control over the occurrence and outcome of traumatic events will generally influence their adjustment. If individuals believe they have little or no control over the traumatic conditions, they will have more difficulty overall in their ability to adjust favorably. Therefore, in order to decrease helplessness and to maximize coping skills, programs serving families in difficult circumstances need to incorporate ways to give participants a sense of decision-making power, self-determination, and true "ownership" of the program.

■ The maintenance of daily routines and common rituals

Often, everyday activities are drastically interrupted by traumatic life events, thus destroying a basic road map of daily living. Through the use of culturally-based rituals and routines, children and adults can rely on these familiar activities to maintain a sense of orientation and level of control over their environment. Religious rituals, meal time practices, morning routines and common celebrations all help individuals to keep their bearings, even when living in severe conditions.

■ Provision of consistency through the structure of the intervention program

Maintaining or creating consistent routines no matter how mundane this may appear, can give a sense of safety and continuity for those inflicted repeatedly by trauma. In viewing life through the eyes of trauma, life itself appears tentative, fragile, and unpredictable. Through a program structure, a level of security, control, predictability can be generated to create an atmosphere which will allow children and adult participants to thrive. The program structures will lay the foundation that enables individuals to accomplish simple tasks and reestablish a sense of competence and normalcy.

■ Interaction with positive role models from the individual's cultural tradition

Providing and identifying role models who exhibit problem-solving skills can help build resiliency in children and parents. Through observation of others, individuals can see how to develop tools to confront the physical and emotional hardships caused by the trauma. In addition, they can witness how others cope with problems and survive their history. Role models who are accepted by the community and reinforce positive values within the culture, can give a sense of hope to others who believe that survival is futile.

■ Opportunities to express feelings and sort out thoughts and beliefs

Individuals need opportunities to express their thoughts and feelings about a painful or traumatic situation, in order to better handle the emotional and social effects of the experience. A valuable component of resiliency is the process of acknowledging, retelling and addressing the emotions and beliefs pertaining to the trauma or painful events in a supportive and safe environment. The means of creating this atmosphere must be based on cultural norms and local customs in order to generate participation. If children or adults don't have an opportunity to address the stress in a culturally-comfortable context, their ability to heal may be limited. Coping skills become strained when individuals are unable to manage information, memories, and emotions produced by the traumas. This limits a person's present and future ability to cope with additional stresses.

■ Context in which to develop (or which provides) a sense of purpose

The development of a sense of purpose and meaning for the suffering is an important ingredient in healing and reducing suffering. Children and families often need guidance, support, and a format to initiate or enhance this healing process. This is the final stage of recovery. To move beyond the pain and devastation, individuals must be able to generate reasons to endure their losses and painful history and a hope for the future.

In conclusion, it is the hope of this author when reviewing the emotional impact of trauma and the factors that lead to a healthier adjustment to stress, that consideration be given to incorporating activities that promote resiliency within programs that serve young children and their families. Especially in view of the research which underscores the importance of the early years in a child's subsequent development, such programs can become a significant avenue to creating a resilient population.

- Engaging in group dynamic exercises. Such exercises help to get members of a group involved and serve also as a form of expression with respect to particular topics. An example would be a role playing activity where participants act out giving positive and negative feedback to children about their behavior.
- Constructing a "day in the life of a child." This technique helps to make observations more systematic.
- Using data generated for other purposes (e.g. evaluations of current programs). This makes maximum use of existing data.

An example of the latter comes from Mexico where information about childrearing practices was included in an action research project intended to identify ways in which a parental education program might be improved. As part of the project, the interview schedule about practices was administered to a group of mothers who participated in the project and a group of mothers who did not. There was an unexpected outcome of this process for the group of mothers who had not participated in the project. These mothers, simply by having to reflect on their practices in answering the questionnaire were obliged to reflect on their own practices. In the process they began to wonder what they were doing well and might do better, and were motivated to seek participation in the next round of parental education sessions. In fact, the attendance and motivation of this group in the next course turned out to be higher than that of the "experimental" group from the previous session. Given the success of this technique as a motivating device, the program decided to print a series of very brief fliers, each one asking a question about a set of practices. For instance, one flier asked, "What do you do to help your child become more intelligent?" Another asked, "What do you do when your child does something bad? Gets into trouble?" This generated more interest in the course. (Duran, et al., 1993)

UNICEF D0193-1244 Bourne

■ Assess those beliefs and practices in relation to 'scientific' knowledge

In a project titled, "New Educational Spaces" in Mexico, the analysis of childrearing practices is now built into a process of parenting education whereby community mothers who have been trained as pre-school teachers in community-based programs are reaching out to parents. The project includes reviews of childrearing practices as part of the information that each community pre-school teacher gathers from parents. A central purpose of gathering the information in this case is to identify areas of congruence or divergence between practices that are carried out in the home and those favored in the pre-schools. The method is first applied with the pre-school teachers, asking them to look at their own practices in the pre-school in relation to what they identify as the most important values and skills they would like to impart in the school. Then, the pre-school teachers ask parents to reflect on what kind of child they would like their child to become. Pre-school practices are then viewed in relation to the particular values and skills that parents say they would like their children to have.

The example from Mexico is a useful technique for assessing agreement between the traditional and the more modern. In that instance, the pre-school teachers were being asked to assess their practice based on parental goals and perceptions.

While some of the traditional practices and beliefs identified will be in accord with current thinking, there will be others that are not. When the traditional and more modern practices are at odds with one another (e.g. negative feedback to children that decreases their feelings of self-worth), then the following strategy can be undertaken.

■ Identify the function the belief/practice serves in the society

It is important to ask, why is the practice what it is? How has it evolved? Most traditions have evolved in response to changing needs within the environment and culture. It can be hypothesized that some practices are held onto although they are no longer really functional for the culture. But more needs to be

known about whether or not this is true. The more that is understood about a practice and/or belief, the more likely it is that a way can be found to introduce changes.

■ Identify how vulnerable the practice/belief is to change

Once a practice is understood more completely, then it is possible to determine whether or not it is amenable to change. The best strategy is to begin with a practice that appears to be vulnerable to change. If people are beginning to question the practice, then it may be open to change. Questioning can lead to discussion. This provides an opportunity for people to receive new information. Alternatives can be discussed and perhaps tried. Once one behavior or practice has been changed, people may be more willing to look at some of the practices that at the outset of a project appeared to be intractable.

If the practice appears to be malleable, then it is possible to move to the next step.

■ Identify what would motivate someone to change the current practice

What is reinforcing the current practice? Given the reinforcers in the current situation, what might be used to motivate someone to change? An example comes from the Malawi study where traditionally children were not bathed very often. Rather than telling people they had to bathe their children to make them more healthy, the strategy was to find a way to motivate the women to bathe their children frequently. The answer came when a childcare program was created. A rule was made that in order for children to participate in the program they had to arrive bathed and in clean clothes. As a result mothers began to keep their children cleaner because they wanted their children in the child care. Child care was something the mothers valued. There was no need to 'preach' to the mothers about the value of keeping children clean. The desire to have the child in the program was what changed the mother's behavior, not the abstract concept that this would help keep the child healthy. (Kalemba, 1993, pg 16)

If the process does not stimulate change, then a more direct approach can be taken.

■ Develop the intervention in line with the behaviors you want to change

The strategy so far has provided data on the problem, as defined by the community. It has also allowed those involved in planning the program to understand the childrearing practices and beliefs associated with the problem. This groundwork will provide a basis for determining project goals and actually putting a project in place. In actually designing an intervention there are several principles that it is useful to remember.

First and foremost it is important to remember that there are no formulas. No one program model will be satisfactory in all settings. While the program being introduced can draw heavily from programs that have worked in other settings, it should be recognized that adaptations will have to be made.

Second, the presentation of practices derived from scientific and/or ecumenical ideas ought to be seen as the source of themes for discussion and dialogue rather than messages that have to be delivered. Too often "dialogues" are used as a way to convince people to accept certain practices or patterns or beliefs originating in science or church doctrine. They do not allow for the identification, valuing and appropriation of current practices to meet the same goals.

Third, there may well be a tension between a "global vision" in which everything seems inter-related and important and necessary, and the necessity of developing goals that are specific and achievable within a

UNICEF 93-1169/Jeremy Horner

UNICEF/93-BOU0863/Julia Spry-Leverton

Instructor begins literacy classes for some 20 women who have no previous formal educational experience.

realistic time frame. One way to overcome this tension is to distinguish short term and long term actions, focussing on areas of priority in the short run and working with the integrated vision for long term plans.

Fourth, a "constructive" vision is needed. It is important to maintain a positive and constructive vision of the community and families. Accordingly, emphasis should be placed on recognizing good practice rather than on focussing on and punishing bad practice.

Fifth, demystify the services. Professionals frequently feel that extensive training and an in-depth understanding is required to perform a function well. Yet many of the tasks that lead to a better quality of life can be simplified and made accessible to people with little formal education. Again the example comes from Malawi where, as a result of simple technologies, people have developed safer birth practices, provided the community with water, created pre-school centres, and undertaken growth monitoring and the treatment of common ailments. (Kalemba, 1993, pg.16)

■ Programs for children should be focussed on the family and community

Programs seeking to have a positive impact on children's growth and development should not be directed only at children. Attention should be given to the role of mothers, fathers, grandparents, extended family members and siblings. Parental education programs are one vehicle for focussing on the family. An understanding of childrearing practices and beliefs can provide the content for such programs. For example, in Chile, a study of childrearing practices was integrated into a program designed to educate and empower parents. (UNICEF, 1994) Data from the study were used to identify specific areas that should be stressed in the program, and to develop "positive parenting" modules dealing with:

a The family unit
b Attachment and love for children during pregnancy and the first year of life
c Self-esteem and self-reliance in development of children
d How to enrich home interactions with children and home learning environments
e The father as a participant in childrearing practices
f Discipline strategies based on respect and love
g Support systems for parents

Programs that have a positive impact on children do not necessarily need to have a child development or parent education focus. By uplifting the lives of family members, particularly mothers, and the community there are indirect benefits for children. Programs which give women additional income that is at their disposal have indirectly affected children in that women tend to use these new resources to benefit children's health and education. (Engle, 1994)

■ Provide integrated services

People's lives are not as fragmented as government social services. We know that multi-sectoral supports are more effective than mono-focal efforts. In the early years development is closely tied to health and nutrition. Supports for children in the first three years must take a holistic approach, including attention to mental, social, as well as physical development.

Alliances should be sought among institutions seeking to better the welfare of young children. Neither the government, non-governmental institutions, nor the church can expect the desired results working alone.

■ Build on existing programs

An effective way to keep costs manageable is to build child care and development components into existing programs. Options that have been tried include incorporating early childhood development actions into on-going adult education, community development, child care, health and/or nutrition programs. This strategy avoids the need for the development of an expensive new infrastructure. Although not without cost, experience shows that such integration can be efficient and produce a synergism that benefits the original program.

The rich diversity of the studies presented at the various workshops is difficult to capture in a summary. The breadth of conditions and contexts, and the variation encountered in practices, patterns and beliefs confirms the general conclusion that programs of early childhood care and development need to be adjusted to local variations and realities. If not, it will be impossible to respect cultural differences and to "begin with the knowledge of the people."

REFERENCES

Agiobu-Kemmer, I.S. (1992) *Child Survival and Child Development in Africa*. The Hague: Bernard van Leer Foundation Studies and Evaluation Papers, No. 6.

Akinware, M.A. & A.A. Ojomo (1993) *Child Rearing Practices and Their Associated Beliefs in Nigeria: A Paper Based on the Baseline Studies Conducted in Five Local Government Areas in Nigeria: UNICEF (1987-1990)*. Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1993.

Arnold, F., R.A. Bulatao, C. Buripakdi, B.J. Chung, J.T. Fawcett, T. Iritani, S.J. Lee, and T. Wo (1975) *The Value of Children: A Cross-national Study*. Honolulu, Hawaii: East West Population Institute.

Brown, J., P. Anderson, & B. Chevannes (1993) *Report on the Contribution of Caribbean Men to the Family*. Kingston, Jamaica: The Caribbean Child Development Centre, School of Continuing Studies, University of the West Indies.

Chibuye, P.S., M. Mwenda & C. Osborne (1986) *CRZ/UNICEF Study on Child Rearing Practices in Zambia*. Lusaka, Zambia: Zambia Association for Research and Development.

Dembele, U. & M. Poulton (1993) *Research Work on Early Childhood Attitudes, Practices and Beliefs in Kolondeba, Southern Mali*. Paper presented at the Workshop on Childrearing Practices and Beliefs' Windhoek, Namibia, 26-29 October 1993.

Donohue-Colletta, N. (1992) *Understanding Cross-Cultural Child Development and Designing Programs for Children*. Richmond, VA: Christian Children's Fund.

Duran, J.L., et al. (1993) Provecto piloto educacion inicial - UNICEF. Subsecretaria de Servicios Educativos para el D.F., Unidad de Educacion Inicial, Secretaria de Educacion Publica, Mexico, D.F. (mimeo)

Engle, P. (1994) "Fathers Money, Mothers Money, and Parental Commitment: Guatemala and Nicaragua," to appear in R. Blumberg (ed.) *Engendering Wealth and Wellbeing*. Boulder, Colorado: Westview.

Engle, P. (1992) "Care and Child Nutrition." Theme Paper for the International Nutrition Conference (ICN), March 1992.

Evans, J.L. (1994) *Child Rearing Practices and Beliefs in Sub-Saharan Africa*. Report of a Workshop held in Windhoek, Namibia, October 26-29, 1993. Consultative Group on Early Childhood Care and Development.

Evans, J.L. (1993) Health Care: The Care Required to Survive and Thrive. *Coordinators' Notebook*, Issue 13. Consultative Group on Early Childhood Care and Development.

Evans, J.L. (1970) *Children in Africa: A Review of Psychological Research*. New York, New York: Teachers College Press.

Kalemba, E. (1993) *Childrearing Practices and Beliefs in Malawi and their Implications for Programming*. Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1993.

Kotchabhakdi, N. (1987) *A Case Study: The Integration of Psychosocial Components of Early Childhood Development into a Nutrition Education Programme of Northeast Thailand*, a paper prepared for the Third Inter-Agency Meeting of the Consultative Group on Early Childhood Care and Development, Washington D.C., January 12-14, 1988.

Myers, R.G. (1992) *Childrearing Practices, Patterns and Beliefs - From Knowledge to Action*. A Report of Results and Implications from Phase 2 of the Childrearing Practices Project. Prepared for the Latin American Council of Bishops and UNICEF. The Consultative Group on Early Childhood Care and Development.

Negussie, B. (1990) *Mother and Child Care, Child Development and Child-Rearing in East African Perspective*. Paper produced for the Consultative Group on Early Childhood Care and Development.

Roloff, G., P. Nunez & J. Vásconez (1992) *Practicas de Crianza del Niño Pequeño en Zonas Rurales y Urbano-Marginales del Ecuador*. Quito, Ecuador: UNICEF.

UNICEF (1994) *Educating and Empowering Parents to Enhance Early Childhood Development: An Integrated Strategy at the Municipal Level in Chile*. Santiago, Chile.

Werner, E.E. & R. Smith (1982) *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*. New York: McGraw Hill.

Werner, E.E. (1979) *Cross-Cultural Child Development: A View from the Planet Earth*. Belmont CA: Wadsworth.

Zeitlin, M. (1993) *Child Care and Nutrition: The Findings from Positive Deviance Research*. Final report to UNICEF, New York and Nigeria, the Italian government and Tufts University, Positive Deviance in Nutrition Research Project, 1987-1992.

Zimba, R.F. & B. Otaala (1991) *Child Care and Development in Ukwaluudhi, Northern Namibia*. UNICEF, Namibia.

UNICEF Roger Lemoyne

BEST COPY AVAILABLE

UNICEF 93 BOU1102 Adrian Pennink

CHILDREARING PRACTICES IN SUB-SAHARAN AFRICA:

An Introduction to the Studies

Judith L. Evans

One of the goals for the Namibia Workshop was *to bring together information from existing studies of childrearing practices and to draw implications for policy and programming.* Thus in preparation for the Workshop several studies of childrearing practices and beliefs in sub-Saharan Africa were selected for review. The researchers were asked to make a presentation at the meeting on their findings.

Before looking at the specific information generated in the five research projects reported on at the Workshop, it is important to provide an overview of the methodologies employed in each study. None of the studies was conducted specifically for the purposes of the Workshop. Each study had been conducted earlier, one as early as 1984, with the most recent being completed in 1991. Because these studies were mostly unpublished, the Workshop was seen as an opportunity to share the results with a wider audience and to further the discussion of ways in which an understanding of childrearing practices could facilitate programme development.

The studies in Namibia, Zambia, Malawi and Nigeria were all undertaken with the support of UNICEF and were conducted by national research and/or academic institutions. The study in Mali was supported by Save the Children USA and was conducted in collaboration with a national research institute. Since the studies were done in isolation of one another, they lack a common methodology. The methodologies employed in each study were based on the study purposes and reflected the expertise of the research group involved in the effort. What follows is a brief description of the methodologies developed by each research group.

Methodology

Namibia

Child Care and Development in Uukwaluudhi, Northern Namibia *R F. Zimba, & B. Otaala (1991) UNICEF, Namibia*

■ **Purpose.** This study was completed in 1991 and was undertaken for the express purpose of understanding traditional childrearing practices and beliefs among the Ulukwaluudhi peoples in northern Namibia. This was the initial step in the implementation of a UNICEF child development project, the general objective of which was "to create optimal conditions for early childhood development and care at the household and community levels." (pg. 23) In order to do this, UNICEF staff felt it was important to undertake research that would "provide background data for establishing developmentally stimulating household-based child care." (pg. 25) More specifically, the purpose of the research was "to assess the extent to which qualities of a developmentally stimulating environment were provided by the Ulukwaluudhi community." pg. 27)

The study was undertaken by two members of the Faculty of Education at the University of Namibia. They were assisted by six field workers. Community workers also participated in the study, facilitating communication among the researchers and community members.

■ **Sample.** 136 Ulukwaluudhi households were selected randomly and visited by the 2 researchers and 6 research assistants. An average of 13.6 households were visited in each of 10 districts.

■ **Data Collection Tools.** Four sets of open-ended and structured interview questions were used in the study. The first set focussed on background information on the family as a whole. The second set focussed on prenatal maternal and child care practices, beliefs and needs. The third and fourth sets included questions focussed on care during early and late childhood, respectively. They also included questions about community goals in relation to child care and development.

■ **Procedure.** Before the study began the Principal Investigator visited Ulukwaluudhi and met with members of the education and health committees of the UNICEF programme already in place. At the meeting the purpose of the study was explained and community involvement in the effort was sought. There was enthusiastic support for it. The next step was to discuss the study with the area chief. The chief was impressed with the team and underscored the importance of creating activities that would be of benefit to women, men and children.

Data were gathered by teams of two making visits to homes. During the home visit, the questionnaire was administered and observations made of what children did, what was done to them, what was done with them, and how the caregivers interacted with the children.

■ **Data Analysis.** The quantitative data gathered through the questionnaires were scored, coded and entered. Data were analyzed using the SPSS-X statistical analysis programme. The qualitative data were transcribed, coded and interpreted. The quantitative and qualitative data, together with the investigators' and research assistants' field observations, were combined to provide a description of practices among the Ulukwaluudhi peoples in relation to childrearing practices and beliefs during the prenatal, perinatal, 0-3 year, and 3-6 year periods in the life of a child.

Zambia

CRZ/UNICEF Study on Childrearing Practices in Zambia *P.S. Chibuye, M. Mwenda & C. Osborne (1986) Zambia Association for Research and Development. Lusaka, Zambia*

■ **Purpose.** This study was conducted in the mid-1980s, with support from UNICEF, the Zambia Association for Research and Development and the Ministry of Home Affairs. The study was aimed at documenting traditional childrearing practices (TCRPs) for the purposes of formulating appropriate national level policies. The study was designed to provide a country-wide picture of childrearing practices and beliefs. (Previous studies had focussed only on individual provinces.)

Specifically the researchers were attempting to identify: 1) good TCRPs which could be encouraged to help reduce infant and childhood mortality and morbidity rates; 2) harmful TCRPs which needed to be discouraged by intensifying health education efforts; and 3) harmless TCRPs which, like the good ones, should remain as part of the cultural heritage and be incorporated into health education programmes. (pg. 9) This micro-level study was meant to complement the macro-level statistics on children in Zambia, both of which were gathered as a part of UNICEF's situational analysis of women and children in Zambia.

■ **Sample.** Data were collected from 740 adults and 232 children (ages 1-7) in 8 of the 9 provinces in Zambia. Areas were selected to be representative of Zambia's population groups. These included rural, peri-urban and urban communities, those involved in agriculture, fishing, and mining, and families with matrilineal and patrilineal traditions. The areas selected represented diverse communities which differed by tribe, language, education and income. (pg. 10)

■ **Data Collection Tools/Procedure.** Data were collected through two structured interview schedules. One was used with adults, with the questions designed to elicit information on socio-demographic variables related to antenatal, perinatal, general care of the baby, feeding and weaning, social development and health care practices.

The second interview was administered to children "who could talk".[1] Questions were designed to obtain an understanding of children's general knowledge of current affairs and the mental and physical development activities they engage in. The responses of adults and children were then compared.

■ **Data Analysis.** From the responses, categories were devised and responses grouped accordingly. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data.

Malawi

Childrearing Practices and Beliefs in Malawi and their Implications for Programming

E. Kalemba (1991) Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1991.

■ **Purpose.** A study to assess the childrearing practices in four different communities in Malawi was undertaken in 1984. The focus of the study was on the socio-cultural, nutritional, physical and health conditions prevalent in the culture. The study was envisaged to provide information on both positive areas and gaps in relation to child stimulation, and problems faced by parents in providing total care. (pg. 5)

Specifically the study focussed on information concerning practices and beliefs related to conception, birth, child nutrition, socialization, attitudes toward children, sex of the child, weaning and general care of children. It looked at what children do between the ages of 2 and 6, what they play with, and their interaction with older family members (parents and siblings).

■ **Sample.** The study was conducted in four areas of Malawi (one urban and three rural), selected on the basis of the dominant culture, the geographic and physical environment and the level of economic and social development. In the urban area sampling was based on existing residential areas, treated as clusters, from which households were randomly sampled.

In the three rural areas, which were more homogeneous, lists of villages were obtained from chiefs. From these an appropriate number of villages was randomly selected. A further random sample provided the actual households where interviews were conducted and observations made.

The total sample size was 382 households, composed of 2123 individuals, including 671 children under five.

[1] The age of these children was not specified. However, it was noted that the oldest children in the sample were seven years of age, so the children were younger than eight years of age.

■ **Data Collection Tools/Procedure.** A checklist of variables to be investigated was drawn up. This was used for the purposes of making observations. In addition a structured questionnaire was completed with each household. Individual investigators were assigned households to observe over a four-week period during which they made notes and completed the questionnaires. All the investigators lived among their subjects during this four-week period.

Nigeria

Childrearing Practices and Their Associated Beliefs in Nigeria: A Paper Based on the Baseline Studies Conducted in Five Local Government Areas in Nigeria UNICEF (1987-1990)

M.A. Akinware & A.A. Ojomo (1991) Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1991.

■ **Purpose.** In 1987, baseline studies were conducted in five areas of Nigeria for the purposes of assessing the health and nutritional status of children, child care arrangements and stimulation, and maternal attitudes toward achievement, formal education and organized day care. The information gathered was used as the basis for a programme being developed jointly by UNICEF and the Bernard van Leer Foundation.

■ **Sample.** A four-stage sampling procedure was used. First, a mapping of the geographical area was conducted in each of the five Local Government Areas (LGAs) to be surveyed. Second, a stratification within the LGAs was made which led to the selection of representative geographic areas and/or communities. Third, households with children between the ages of 1.5 and 6 years, (generally between 2 and 4), were randomly selected within the stratified areas. Fourth, children were selected for testing within the households.

Overall a total of 1507 households were surveyed, averaging 300/LGA, split between urban and rural populations. Between 24 and 30 children were observed in each LGA.

■ **Data Collection Tools/Procedure.** An early Child Care Development and Education Questionnaire (ECCDEQ), consisting of 93 items was created. The questionnaire was divided into three sections. 1) A Household Questionnaire, completed with the Head of the Household, included questions which provided general information on the community. This questionnaire served as an entry point into the household. Once the male was interviewed he would permit the woman to respond to a questionnaire also. 2) A Mother Questionnaire, administered to the target child's biological mother, was used to obtain information on family compost-

tion and demographics, as well as specific information on child birth, childrearing patterns and family planning methods. 3) A Child Development Questionnaire, again administered to the target child's biological mother, provided specific information on the child's birth record, nutritional and health history, current health status, physical, emotional and social development patterns, task performance and intellectual development. It also elicited information on the mother's socialization practices, child care options and arrangements and her aspirations for the child. In addition, the Bayley Mental Development Test was administered to some children.

An Observational Assessment Checklist was also developed to facilitate observation of the activities and interactions of selected children within the sample. Through observations information was gathered on children's physical development, interaction with peers and adults, types of playmates, feeding habits, relationship to primary caregiver and siblings, degree of emotional support provided and language skills.

Mali

Research Work on Early Childhood Attitudes, Practices and Beliefs in Kolondeba, Southern Mali *U. Dembele & M. Poulton. (1993) Paper presented at the Workshop on Childrearing Practices and Beliefs in Sub-Saharan Africa. Windhoek, Namibia 26-29 October 1993*

■ **Purpose.** It was known that the Bambara people in Southern Mali have developed a 'genuine sustainable caregiving system'. The question was, how best can this native enterprise system be built upon to promote the child's development? The research undertaken in January 1993 was a joint effort between a national research institute (ISFRA) and Save The Children (USA) for the specific purpose of developing a childcare program that was built on and reflected traditional childrearing practices and beliefs.

The objectives of the study were: 1) to identify the development of the Bamanan (Bambara) child and the specific educational activities taking place at each stage of the child's development, 2) to analyze practices associated with motor skills, socio-affective and cognitive development, 3) to define and illustrate the educational practice, attitudes, stimulation, personality and 'awakening' as experienced by the Bambara, and 4) to describe the traditional learning process and specify the roles and responsibilities of caregivers (e.g. mothers) in that process. (pg. 1)

■ **Sample.** The specific focus of the study was the Bambara peoples in Kolondeba, Southern Mali. Eight villages participated in the study. All traditional institutions concerned with education in those villages were included in the study, to find out about childrearing practices and beliefs that impacted on children from 1 to 4 years of age.

■ **Procedure.** The researchers employed an action research approach rather than a single survey in order to understand the practices more fully. The researchers worked with Bamanan organizations (women, youth, traditional healers, religious leaders and indigenous change agents) to explore the popular perception of child care. This involved gathering information about myths and the reality of practices, beliefs and attitudes.

In the second phase, the researchers sought the rationale behind the popular perceptions identified. They looked closely at the various components of caregiving and tried to find out some meaning and relationship between them. When, how, where and why different people act the way they do and what is expected, were issues taken into consideration. The process included the running of Focus groups, RAP and observations.

■ **Data Analysis.** As noted by the research team, "an eclectic data collection and analysis method was used." (pg. 2) The conclusions evolved. As data were gathered and summarized they were shared with the groups involved in data collection to ascertain the validity of the conclusions. If they were incorrect further discussions and observations took place until there was agreement on study results.

IN SUM, the methodologies employed differed across the countries studied, some were more formal, some less. All but the Mali study employed questionnaires that were completed through interviews of household members. The majority of the studies also included observations of adult and child behavior to validate interview data and/or provide a more in-depth understanding of the dimensions being explored.

UNICEF/Jorgen Schytte

Practices, Patterns and Beliefs

General Findings

It was expected that the reports would illustrate the diversity among the cultures within sub-Saharan Africa. And while the differences were apparent, what was striking to all at the Workshop was the similarity of beliefs and practices found within traditional societies studied in Mali, Nigeria, Namibia, Zambia and Malawi. The positive and negative practices and beliefs which are similar across all the studies are noted in the synthesis which follows.

A. Positive beliefs/values:

- Children are highly valued. They are gifts from God and have a very special role to play in perpetuating the family and culture and in providing care for elders.
- Children are the responsibility of the community. When primary caregivers are not available, the community creates a system for caring for children. As a proverb from Malawi states, Nurture any child, even those who are not your own, for in the future they will look after you.
- Parental and community goals for children are centered around social and human values. These include respect, self-reliance, being helpful, cooperative, and obedient. The more 'modern' the culture, the more likely there is to be a shift to more materialistic values.
- A woman's actions are believed to be important in terms of birth outcomes for the woman and for the baby. Each of the cultures has beliefs and practices related to pregnancy. These center around what women should and should not eat, and what they should and should not do.
- Each culture has a set of rituals related to the birth process itself. These are designed to provide a safe birth for the baby and to assure the mother's well-being.
- After birth there is a period of confinement that is designed to allow the mother to regain her energy and for the bonding and attachment to occur between the mother and child.
- The naming of the child is a significant event. Names have meaning and are chosen carefully.
- In support of good nutrition for the child, mothers breastfeed, generally for fairly extended periods of time. The benefits of this practice include: providing appropriate nutrition for the infant and assuring appropriate child spacing.
- Practices related to caring for one child and conceiving another has meant that traditionally there was adequate child spacing. There is an implicit understanding that there should be 2+ years between children and a more explicit belief that while women are breastfeeding they should not get pregnant.
- The childrearing practices related to the care of the infant (breastfeeding on demand, the carrying of the child on the mother's back, sleeping with the child) create a close and intimate relationship between the mother and child and security for the child.
- When the child is no longer breastfed there is a separation from the mother physically and emotionally. At this point others in the family and community play an increasingly important role in caring for the child.
- There is an expectation that a variety of community members will support the child's growth and development. This begins with traditional birth attendants and then includes extended family members, older brothers and sisters, and then the community at large, including the elderly.
- Older children (even beginning at age 4) play a significant role in providing care for younger children.
- The elders have a special role in the society. They are valued for their wisdom and have considerable power. They have an important role to play in the transmission of cultural values and in teaching the young.
- Much learning occurs through the modeling of the behavior of adults and older children.
- There are traditional games, stories, toys, songs, and ways of playing that are passed on from the older children to the younger children, many of which support children's physical, emotional, social and intellectual

development.

■ Traditional healers are commonly turned to when families have health problems.

B. Values/ Beliefs that may be detrimental:

■ Some of the food taboos associated with pregnancy increase the likelihood of mothers being anaemic (e.g. pregnant women are not allowed to eat eggs, fish, and sometimes meats).

■ Men are seldom involved in direct care of the young child. In some cultures they provide support to women; in others they are essentially absent until the child is older.

■ There is little understanding of the value of interacting with infants and young children. Adults don't really "play" with children, at least until the child reaches the pre-school years.

■ The etiology of many diseases is misunderstood. Diseases are attributed to human fallibility and/or witchcraft (e.g. Kwashiorkor and marasmus are believed to be caused by infidelity).

■ There is little understanding of the process of development and children's needs at different stages (e.g. teething is seen as causing diarrhoea and other illnesses, and meal frequency is usually tied to adult patterns of eating when in fact young children need to eat more often).

Beyond these generalizations, the participants in the workshop sought a more in-depth understanding of the cultures being studied. Thus, in preparation for the workshop each set of researchers was asked to respond to a common set of questions in relation to the findings in their study. The section which follows presents a summary of their responses. Because the purposes of the studies were different, there are some questions that only one or two of the studies may have addressed. In other instances, all the studies could provide relevant information.

The Specifics

■ Goals and expectations for children in the culture

As noted, what comes through as a dominant theme in all the cultures studied is that children are highly valued. In Mali the child is seen as a "celestial, social and material being; a complex being to be handled with great care. Many traditional communities consider the child as part of the cosmos before it is born." (Dembele & Poulton, 1993, pgs. 4-5) Beyond that the child is: a gift from God, an ancestor, an evil spirit, a social product, a community possession, its genitor's replacer, a consolation for childless relatives (pg. 5).

In Nigeria children are the reason for people to marry. "The essence of marriage in the Nigerian context, as in Africa, is to have children." (Akinware & Ojomo, 1993, pg. 5) "Wedding dates are not fixed until the woman's pregnancy is obvious ... childbirth is usually announced some few weeks or months after the wedding." (pg. 6) There is nothing worse than a childless marriage. It is "one of distress, unhappiness and (frequently) ends in divorce." (pg. 5)

In Nigeria it is said, "omo l'aso", the child is clothing. This has several levels of meaning. The child covers the father at his death, meaning he takes on the lineage. This "covering" occurs during the father's life as well. The child is expected to take care of or cover the needs of the parents. This responsibility is conveyed to the child early on. When the child is young, parents emphasize how much they are doing for the child. In turn, the expectation is that this caretaking will be reversed when the child is grown and the parents are old and require care.

In Zambia the importance of children is seen by the fact that parents are known as the father or mother of a given child. They do not use their own names. They are given status in relation to the child they have parented. As a result children are not likely to know their own surnames. (Chibuye, et al., 1986, pg. 86)

As a result of the high value placed on children, parents desire many children. In the Zambian study, of those interviewed only 20% wanted fewer than 5 children, 44% wanted 5-10, 8% wanted more than 10. The remainder stated they would be content with any number. The reasons for wanting the given number of children was: "some children may die" (26%), "children are an investment" (21%), and "children are a gift of God" (18%). The other 35% cited the "high cost of living".[2] (pg. 34)

In Mali there is also a desire for large families. "The more children there are, the more varied the tasks the family can carry out and the more prosperous it can be as production is still done by hand." (Dembele & Poulton, 1993, pg. 6)

How do you treat these children that are the gift of God? In Malawi they say "M'mera ndipoyamba" - meaning that the child is like a plant. It must be nurtured while it is still young for it to grow up strong, healthy and productive. (Kalemba, 1993, pg. 6)

What do parents expect of children? By and large, the majority of the goals for children center around the development of appropriate social skills and humanistic values. In Namibia, among the Ukwaluudhi, parents want their children to respect their elders. It is also important for the child to be cooperative, helpful, hardworking and to participate in the work at home and in the field. Frequently mentioned was the fact that it was important for the child to be educated, obedient, and believe in God. Only two people mentioned specific occupations they would like to see their children pursue (teacher and nurse). (Zimba & Otaala, 1991, pgs. 71, 86)

Among the Bambara in Mali, the traits most desired in children are courage, perseverance, trustworthiness, reliability, generosity, self-reliance, industriousness, and charitability. (Dembele & Poulton, 1993, pg. 6)

In Nigeria there is a clear expectation that the child should be 'good'. A good child is one who follows cul-

[2] It is unclear if the latter was in support of more or fewer children.

tural tradition and cares for the parents. While traditionally the good child was one who was moral, as defined by traditional values, now the good child is one who is a good provider. 'Good' now has a much more material definition.

But all children are not good. When there is a 'bad' child, one who does not conform to cultural norms, parents disown him/her. "I have not given birth." "I have no child."

Whether one has a good or bad child is the result of fate. In Nigeria it is believed that God infuses a newborn with certain characteristics which produce either a good or a bad child. The child is essentially given an allotment that determines the type of existence the child will have, and his/her personality. The ingredients that go into creating a new child, and the state of mind of the creator at the time, determine the child's destiny. (Akinware & Ojomo, 1993, pgs. 12-13)

Since parents do not know who will turn out to be the good child, large families are the norm in Nigeria.

In addition to there being a differentiation between good and bad children, there are also gender preferences and expectations. Not surprisingly, male children are preferred since they pass on the family name. Families where the first several children are girls generally have many children, in the hope of having a male child. "Each successive female issue is accompanied with greater distress which at best is masked with fake joy." (Akinware & Ojomo, 1993, pg. 8)

Another dimension is the impact of polygamy on the number of children born. In Nigeria, a mark of a successful marriage is children. Thus there are jealousies among the women to produce the most children and children are not well cared for by co- wives. Death of an infant gets blamed on witchcraft generated by co-wives. However, this jealousy among co-

UNICEF/5751/Lauren Goodsmith

BEST COPY AVAILABLE

UNICEF 5056 Lemoyne, Nigeria '92

wives is counterbalanced by the need for the community to share responsibility for child care. (Akinware & Ojomo, 1993, pg. 30)

In sum, in each of the cultures studied great importance is placed on having children. Thus it is not surprising that there are numerous beliefs and rituals that support the birth and raising of a healthy child. What follows is a description of some of the beliefs, rituals and childrearing practices associated with different times in the child's life.

5 Childrearing practices and beliefs associated with conception, pregnancy and birth

In the Zambian study the comment is made that "the delivery of the mother and the birth of the children are subject to more beliefs and superstitions than any other period of life" (pg 49). This was echoed in the other reports as well. In general, it can be stated that the younger the child the more information there is about the childrearing practices and beliefs associated with that age. Within most of the cultures there is a variety of practices and beliefs that surround the period from conception through infancy. This may be due to the fact that this is a critical time in terms of a child's survival. It is also an important time in terms of a woman's role within the culture.

Conception. In general, there is little understanding of the biological process of conceiving a child. The dominant belief that God gives children is enough of an explanation for many. This lack of scientific knowledge about how children are produced allows people to make their own interpretations of outcomes. For example, in Nigeria if the children are healthy (and male) the father takes credit. If the child has a defect, or there is a continuous issuance of female children, then it is the woman who is at fault. Barrenness is always seen as the woman's fault and frequently it is ascribed to her infidelity.

As noted earlier, the traditional practices surrounding the care of infants generally meant there was adequate spacing between children. The belief was that mothers who are breast feeding should not get pregnant. In Malawi the belief is that the milk of a pregnant woman is bad for the child. In polygamous cultures there was little pressure on women to resume sexual relations with the father. He could satisfy himself elsewhere until the child was fully weaned. With the move toward more nuclear families and the introduction of bottle feeding, sexual relations are restored soon after the birth of the child, increasing the likelihood of women having many children within a short time period.

The impact of modernization can be seen from the Namibia data. In terms of child spacing, this was the first child for 2% of the sample; 62.2% stated there was less than a year between the birth of two of their children; and 20.6% said the next child came within 2 years. Only 24% indicated that the spacing was 2+ years.

Pregnancy practices. In Malawi the practice was for the couple to abstain from sex from the 7th month of pregnancy until the child is 2. As noted earlier, the practice of polygamy helped make this possible. Abstinence from sex is common in Nigeria with the onset of pregnancy.

Dietary practices are important in all the cultures studied. In both Malawi and Nigeria women's diets are supplemented by traditional medicines in the forms of various drinks. While there is dietary supplementation, likewise there are a number of foods that women are forbidden to eat. In Zambia the food taboos include not eating eggs, fish and certain kinds of chilies, and not drinking bitter medicines. In Nigeria the belief is that meat will harm the foetus.

Historically in Namibia pregnant women were not to eat oranges (the child will have low birth weight and suffer from liver problems), eggs (the child will be born without hair), fish (the child will have eyes like a fish), chicken or groundnuts (the child may be born dirty and develop the propensity to steal). It should be noted that the reason for these taboos were known by only 41% of the sample. It is unclear how many actually adhered to the taboos. Today the people's diets include many carbohydrates but little protein or fresh fruits and vegetables. Of more concern than the taboos is the fact that few women have enough food available (30% reported they did not have enough to eat, and alcohol consumption is common) (pg. 10).

In terms of their behavior, pregnant women in Nigeria are admonished not to go out at night for fear of falling under the influence of the evil eye, and not revealing the expected birth date for fear that the child's birth will be jeopardized in some way. Behavioral taboos in Namibia include: wake up early in the morning, not to do so may lead to prolonged labor; do not go through the door backwards, you may experience a breech birth.

In Mali there is essentially no change in a woman's activities while she is pregnant. In Namibia, the majority of pregnant women (about 70%) continued their chores during pregnancy without help from others. Those with older children or younger siblings got some help. When asked where they got advice about their pregnancy 37.5% reported they got no advice, 39% said they got advice from a nurse, 4.4% said from a doctor, and 14% reported getting advice from a midwife. (Zimba & Otaala, 1991, pg. 39). 79% of the women attended the antenatal clinic more than 3 times during pregnancy, although the average distance was 17 kilometers. (pg. 10) The women appeared to gain little information from the visits. Thus what is available to support childbirth in the village is extremely important.

Childbirth. Traditionally there were a variety of practices and beliefs surrounding childbirth. While these are maintained by all the members of the society, the primary responsibility for their perpetuation is that of the traditional birth attendant (TBA). She plays a critical role in assuring the survival of both the child and the mother. The extent to which family members, the pregnant woman's mother, the child's father, and others are involved in the birth varied by cultural group. Today all the cultures studied have a mix of the traditional and Western medicine that influences the birthing process.

In Malawi most children are born at home (75%) with birth attendants and close relatives on hand to facilitate the process. Breastfeeding is begun immediately. The umbilical cord is cut with an unsterilized instrument and cow dung is generally applied to the wound. (Ash is used in Zambia).

In the 1986 survey in Zambia, although about 75% of the women were attending antenatal clinics, 50% delivered at home (the preferred place of delivery), with the other half delivering in a health clinic or hospital. Outside the hospital, TBAs attended 42% of the births, 33% were attended by relatives; 11% of the women reported delivering the child on their own. (Chibuye, 1986, pg. 18)

Within the Namibia sample it was noted that people had to travel great distances to get to a health clinic (average 17 kilometers). Despite the distance to the clinics, 68% of the sample reported giving birth to their children in hospitals, 27% reported the children were born at home, 1.3% were born in clinic and 3.9% were born on the way to the hospital or clinic. Those born at home were delivered by TBAs. (Zimba & Otaala, 1991, pg. 42)

Within the Nigerian sample there was a bias toward families in urban areas. That may be why more than half of the births in the Nigerian study are reported to occur in a health facility, generally a maternity center. Many families employed in urban areas are entitled to medical care as a result of their employment. This is believed to have increased the use of hospital and medical facilities. These statistics may not accurately reflect rural access to health care facilities.

Confinement. The period immediately following the birth of the child is critical in terms of both the infant's and the mother's survival. During this time the mother needs extra rest, food and care. Postpartum hemorrhaging and anaemia are common problems.

Traditionally, in Malawi and Mali there was a period of confinement for the mother and child. In Malawi this confinement of mother and child (chikuta) lasts for at least a week. The explanation for the confinement is that it helps the mother and child bond, rest after the trauma of the childbirth and begin breastfeeding. During this time the mother does nothing but eat and feed her child.

One of the reasons for the confinement may well be that in Malawi males are reported to be "revolted" by the smell of the woman who has just given birth and the infant is seen as "fragile". Thus they stay away from the mother and infant. While they refuse to touch and carry the child they may regard it lovingly from afar.

While mothers do not have a period of confine-

ment in Nigeria they are well cared for by other women, primarily the mother's mother. They are given special foods and bathed daily in a warm bath to restore them to health. The child is also bathed daily and provided with adornments that are designed to provide the child with spiritual protection and serve as decorations. The young child in Malawi is also provided with charms for use on its arms, legs or around the neck.

In Zambia there is no confinement for the woman and infant. The child is shown to others within 24 hours. Visitors frequently bring gifts (predominantly money or food) when they come to view the child. Gifts are also brought to the mother. The infant is bathed daily by any number of people.

Naming. An important ceremony in all the cultures studied is the naming of the child. The names chosen for the child have great significance, both in terms of passing on a lineage, and in terms of providing a description of the child.

In Nigeria the infant is named on the 8th day after delivery. The naming ceremony is full of rituals and serves as the public presentation of the baby. The names chosen reflect events that have happened in conjunction with the birth. "Naming goes far beyond mere identification of the person that bears it, it depicts events, situations and traits that could go a long way to influence the personality formation and socialization of the individual." (Akinware & Ojomo, 1993, pg. 21)

In Malawi the naming of the child is also delayed, probably to assure the child's survival. The child is then named for both sides of the family and given names of the deceased to emphasize continuity of the clan.

While naming is an important part of a child's life, subsequent birthdays are not always celebrated. In Zambia only 63% of the respondents indicated that birthdays were celebrated, 11% said they were celebrated sometimes, and 26% said they were not celebrated.

Infant deaths. In traditional cultures there have always been high infant mortality rates. Thus one of the areas of interest is how societies understand the reasons for and respond to an infant's death. In the studies included in the Workshop, it was reported that it was difficult to get information on infant deaths as these are not commonly discussed.

In Malawi the death is handled with secrecy, and in fact, it is taboo to talk about infants dying. In Zambia also, infant deaths are not often discussed. Deaths are attributed to witchcraft and little more is said about them. In Malawi and Nigeria there is little discussion of abortion and/or still births. Thus it is hard to obtain accurate data on the reasons for these deaths.

■ Caretakers for different stages and their specific roles

Once the child is born and is on the road to survival there are different people that care for and assist in the raising of the child. Across all the cultures studied there is a progression from the mother, to others in the family, to 'extended' family members, to the community at large. The rapidity with which this happens differs, depending on the culture and its stage of modernization.

In the study from Zambia it was noted that traditionally there was no concept of the extended family - everyone was family. Even in the 1984 sample, households included adults other than parents and 16% of the children were being looked after by someone other than their biological parents. (Chibuye et al., 1986, pg. 44) The concept of the community, or everyone being responsible for the child was echoed in the work from Malawi, where the saying is Mwana wanzako ndiwako yemwe ukachenjera mania udyanaye' Nurture any child, even those who are not your own, for in the future they will look after you. (Kalemba, 1993, pg. 6) All children belong to the clan or family. The concept of a bastard does not exist.

What follows is a more specific description of caretaking during the various stages of infancy and early childhood.

Infancy. During the first year of the child's life the primary caregiver is the mother. The child is generally fed on demand, and is carried by and sleeps with the mother, leading to a physical and emotional closeness between the mother and infant.

In Nigeria the interaction between the mother and child occurs primarily in skin-to-skin contact providing the children with "unconditional warmth". The researchers noted that this was in contrast to the West where the contact comes through eye contact and cuddling and kissing. (Akinware & Ojomo, 1993, pg. 25)

In Mali the child's mother is the initial caregiver until the child is at least 1 year of age. However, among the Bambara grandmothers play a very important role as well. Among the Bambara, "social coherence and security are considered a goal which every child's education should help foster." (Dembele & Poulton, 1993, pg. 7) To reach this goal the people have developed a system of child care where young children in the [illegible] age, in small groups, are looked after by the grandmothers. While the grandmothers do not have the energy to do the caretaking themselves, they provide instruction to and supervise children, sometimes as young as four years of age, who are caring for even younger children.

In Malawi it is women who care for children at any time day and night. The woman's workload, which includes fetching water and fuel wood, gardening and doing domestic chores, means that she must adapt her lifestyle to accommodate the needs of her children. In this process, children sometimes suffer as, for example, when their feeding needs are in conflict with the mother's work demands.

In all the cultural groups studied, men play a minor role in the early years. In Mali it was noted that men stay "aloof" in terms of caring for children. In Malawi most men are traditionally distanced from their chil-

UNICEF 93-1218 Cindy Andrew

Malawi: A woman and girl bathe a young toddler at the Nyamithuthu Refugee Camp in the Southern city of Nsanje.

dren; they rarely hold and play with them. (Kalemba, 1993, pg. 13)

As the child gets older, however, fathers interact more with the child and take more responsibility for the child's socialization. Overall, however, men are generally associated with the provision of financial support while women are seen as the ones responsible for nurturing. As noted in the Nigerian study, males pay for school fees, women care for and feed the child. This view of the differences between what women and men provide for a child continues as the child grows older.

Toddlers. The toddler period (18 months to 3 years) is a time of moving out from the mother. It is during this time that children stop breastfeeding. Children spend time exploring their environment. They are taken care of by older siblings and learn quickly from them. In general children have few things to play with. Sometimes there are toys that are made by siblings or older members of the community.

In some cultures fathers get more involved with the children during this stage. In Nigeria the child as a toddler is more attractive to the father. Now he will carry and play with the child. The father also takes on a somewhat negative role in that he is 'the law' when the child begins walking and moving out on his own. The father is also the decision-maker in the family. 75% of the health care decisions are made by the father, except in families where the mother has some education.

In the Nigerian study where there were both a rural and an urban sample, the role of the fathers was found to be different in the two settings. In rural areas males are more tolerant of children's behavior as there is more space. Thus children are not as disciplined in rural as urban areas. Within the Nigerian group, one of the positive features of being in an urban area is that there is a higher probability of father-child attachment due to the fact that there is less help available from other members of the family and community.

The Nigerian study also looked at what was happening for the child emotionally during toddlerhood. The researchers saw this time as presenting a conflict for children as they make a shift in their loyalties. "At some stage in the early childhood, there is a complex ambivalence in the Nigerian society about the greater attachment to the mother on the one hand and the greater loyalty demanded for the father on the other hand, and this interplays in the rearing of the child." (Akinware & Ojomo, 1993, pg. 30)

The necessity to shift from the mother as the focus of care and attention to the ever-expanding world of 'others' was evidenced in all the cultures. As the child enters the early childhood period (ages 3-6 years) this movement away from the mother is even more pronounced.

Early Childhood 3-6. It is during the early childhood years that the child becomes socialized into culturally-appropriate male and female roles and begins taking on adult responsibilities—around the house and in terms of family business, whatever that might be. The contact between the child and the mother is greatly reduced during these years and the child learns to interact with a variety of other people. For example, among the Ukwaluudhi, only 10% of the children in this age group are with their mother all day; 52% of the mothers reported they had no contact with their child during the day. It is at this point that others take on some responsibility for caring for the child. Older siblings (43%) or grandparents (30%) were the primary caregivers. It is important to note that the father contributed less to the child's care than either siblings or grandparents. 60% were completely absent. (Zimba & Otaala, 1992, pgs. 14, 17) Older children enjoy considerable liberty and essentially take care of themselves as elders look after the younger children.

Play is an important part of the child's life. A common saying in the West is that 'play is the work of children'. This is also the belief of the Bambara in Mali. Children's play is extremely important among the Bambara. Members of a Bamanan family play pretend games with the child. When the child can sit, a four- year-old sibling is asked to play with it. (Dembele & Poulton, 1993, pg. 5) However, adults and siblings are not always directly involved in a child's play. Sometimes they watch the child's play from a distance.

As in Mali, many of the adults among the Ukwaluudhi in Namibia did not think it was appropriate for adults - particularly fathers - to play with children. Not too surprisingly this lack of direct adult involvement with children leads to many accidents. Among the Ukwaluudhi, 24% of the children had been involved in domestic accidents. Hot water and fire were the main causes of the accidents. In 33% of the cases these accidents took place when the children were alone. In the other instances they were in the company of older siblings or busy mothers. When asked how accidents could be prevented 60% of the respondents said they had no idea. (Zimba & Otaala, 1991, pg. 69)

Toys for the pre-school age group are now sophisticated, but they are not expensive. In Zambia children play with balls, clay toys, wire toys, bottles, and tins, all of which are made from things found in the environment. For the most part the children make these themselves (59% reported doing so). Other toys are bought and/or made by parents.

Among the Ukwaluudhi in Namibia, there are more toys available to the pre-school-aged child than are available to infants. Caregivers reported they are more likely to make toys for older children than for infants and toddlers. 85% of the children reported making their own toys, 54% said caregivers made toys for them. During the early childhood period, the kinds of games and toys available to children are supportive of children's cognitive and psycho-social development.

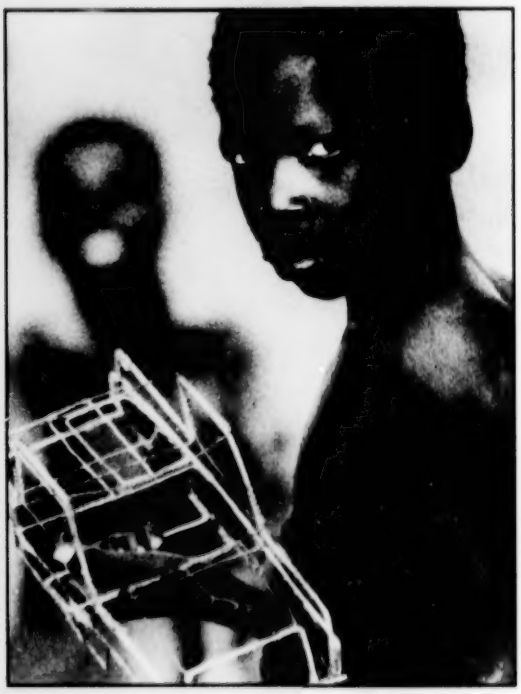
■ Childrearing practices and beliefs in relation to the promotion of health, nutrition, cognitive and psycho-social development

While the first two years are a critical time in terms of the child's physical survival, they are also critical in terms of building the foundations for cognitive and psycho-social development. But these latter aspects of a child's growth and development have not been researched to the extent that health and nutrition practices have been. Thus while the studies yielded rich information on cultural beliefs and practices that would impact a child's health, less information was available on childrearing practices and beliefs related to the full range of a child's development. What follows is a brief description of what was found in relation to health and nutrition beliefs and practices, and a description of activities that take place which help promote cognitive and psycho-social development.

Health. The studies revealed that currently people are using a mix of western and traditional medicines in the healing of diseases. All of the cultures studied have been exposed to Western medicine to some degree. This is evidenced in the reports on the use of health clinics for pre-natal care and treatment for infants and young children. The timing of when Western medicine is used appears to depend on availability and ease of access rather than beliefs about the value of Western versus traditional medicine.

In Nigeria, in urban areas where there is access to western medicine, parents buy western drugs first and if these fail then parents turn to traditional medicines. In rural areas traditional medicines are used first and other health care sought outside the village only if the traditional medicines do not work. In Nigeria there are 2 traditional systems of health care--the indigenous healers who were in existence before colonial times and a recent group referred to as 'syncretic churches'. While seemingly different, there is a high degree of convergence between the two. They both use herbal medicines, divination, exorcism, symbolic rituals, incision, and non-formal psychotherapy. Syncretic practitioners are consulted by people from all walks of life, rural and urban, literate and illiterate, Christians and Muslims.

In Zambia, all respondents reported using traditional herbal medicines to heal childhood accidents and diseases. In addition, about 50%, those who lived relatively near health centers, took their children to the clinics. Most people (91%) correctly understood the purpose of immunizations. (Chibuye, et al, 1986, pg. 33)



UNICEF 0083 1775 Andrew

Toys are now sophisticated, but not expensive.

Nutrition. Nutrition is a critical feature of young children's development. Thus within each of the reports there was considerable information on breastfeeding and weaning practices. The reports include a description of what happens physically and some reports provide an indication of how changes in practice had an impact on the child emotionally.

Breastfeeding. During the first two years of the child's life, there is a fairly uniform pattern across all the cultures presented at the Workshop. Children are carried on the mother's back and are breastfed on demand during the early months. At the point at which the mother wants to stop breastfeeding the child is separated from the mother. Sometimes care for the child is shifted to someone else even though the mother is around. In other instances the child is actually sent from the village to relatives elsewhere.

Breastfeeding is common in Zambia. 97% of those in the study said they breastfed their babies, most on demand. 53% said they breastfed until the child was between 1 and 1 1/2 years old. 42% said they breastfed for more than 2 years. Nigeria is not unlike Zambia. In Nigeria nearly 100% of the mothers breastfeed, generally for about 18 months. Those in rural areas breastfeed for longer than those in urban areas. Breastfeeding is on demand and is used as a pacifier in addition to being used to feed the child. Unfortunately those with the most education breastfeed for the least amount of time.

Among the Yoruba a traditional practice was the force feeding of medicinal (agbo) teas soon after birth and later 'pap' (cereals) to infants. These practices are not followed by more literate women. In the other cultures included in the Workshop, only breastmilk is provided until the child is at least three months old.

The introduction of weaning foods. In Namibia, exclusive breastfeeding lasts no longer than the sixth month. Most mothers start providing additional food after the third month. The most common addition being a porridge known as omahangu. Of those in the Namibian sample, 78% reported that children have three meals a day. For those who have less this is due either to a lack of food or lack of caregiver time to prepare the food. The pattern for adults is two meals a day.

Like in Namibia, the practice in Malawi was to introduce solid foods at about the 3rd month. While the range of ages within which children stop breastfeeding is from 6 months to two+ years, it is most common for children to be breastfed for two years. If the mother dies, the surrogate mother breastfeeds, if possible.

As the Malawian child becomes a toddler, breastfeeding continues for some. The frequency of their eating solid foods is tied to that of adults, among whom food is shared communally 2-3 times a day. There are some food taboos, most notably the taboo against eating eggs. Early on children are taught self-feeding skills.

In Mali, children are given no special weaning foods. They eat the same foods as those given to adults, with the exception being that children are not given eggs. However children eat more frequently than adults. In Zambia, children are expected to begin eating on their own at a young age; 92% of the respondents said children are eating on their own before age 1. While children's eating is supervised primarily by the mothers, other relatives also participate in this activity. There are also food taboos in this culture. Children should not eat hard foods, sweet stuff, game meat and eggs, nor should there be too much variety in their diet. (Chibuye, et al., 1986, pg. 25)

In terms of food distribution, in both Nigeria and Zambia, feeding follows a hierarchy, with adults eating the good food first and the remains passed from the oldest to the youngest child. In times of scarcity the youngest suffer the most. In Zambia males and females are fed separately. Male children generally eat with adult males, but female children eat on their own.

Complete weaning. In most of the cultures studied, the most common way to end breastfeeding was to remove the child from the mother. In Mali, when the

mother wants to stop breastfeeding the child she sends the child away overnight to a relative. Complete weaning in Namibia occurs by putting bitter substances on the nipples, sending children away to their grandparents or simply refusing the child access to the breast. In Zambia, 47% said they stopped breastfeeding abruptly, 46% said it was a gradual process. (69% used feeding bottles when weaning the child from the breast.)

It was only in the Namibian study that there was some attempt to look at the impact of abrupt withdrawal of breastfeeding. In that study adults reported that children's immediate response to complete weaning was to cry a lot (41.3%), become sad (34.8%), and become irritable (8.7%). 15.2% of the caregivers reported that there was no response. They reported that sometimes children refuse to eat other foods and withdraw, becoming listless. (Zimba & Otaala, 1991, pg. 79)

Cognitive and Psycho-Social Development. In the Mali study there was specific emphasis on the ways in which traditional practices impacted on a child's cognitive development. Thus within that study there was a discussion of the ways in which traditional games, songs, and stories are supportive of children's overall development. The researchers noted that many traditional games promote cognitive development. They necessitate recalling, memorizing, sequencing and logical thinking. Traditional tales and riddles "help develop intellectual capacity." (Dembele & Poulton, 1993, pg. 11)

Language development. Language development is promoted through the use of language with children. In Mali, adults talk to children from the moment they are born. As the child grows older (ages 3-6) there is a conscious teaching of language skills through story-telling, questioning, songs.

This pattern is similar in Namibia. About 82% of the mothers reported talking to their children at birth, but they do not describe themselves as telling children stories. In fact, 86% said they did not tell stories, claiming children could not understand them. 29% of the adults reported talking to, singing with and teaching children traditional dances. While parents said that they helped foster language development by asking children to get things, name them, touch them, they claim they do not talk about the objects nor describe them to the child. (Zimba & Otaala, 1991, pg. 15)

As in Mali, the Namibia sample reported doing more things to stimulate language development when children are within the pre-school age group. 46% of the caregivers reported telling stories to pre-school-aged children. 71% of them asked children to tell their own stories. 76% of the caregivers reported teaching the children songs about people, animals, birds, religion and politics. 96% reported answering children's questions, and 87% of them said they asked children to describe events that took place in the community. (Zimba & Otaala, 1991, pg. 16)

In Zambia, the games that children engage in include hide-and-seek, ball games, singing and dancing. (Chibuye et al., 1986, pg. 29) 31% of the parents said they played with the children sometimes; 80% said they told their children stories and proverbs. The majority of the story-tellers are the women (40% mothers, 5% fathers). (Chibuye, et al., 1986, pg. 84)

Psycho-social development: the importance of chores. Another way that psycho-social development is promoted in many traditional cultures is through the chores children are asked to perform. The Bamanan children in Mali, for example, have specific tasks they are expected to undertake from an early age. Under the age of four, these tasks are not differentiated by sex. Over the age of four, boys are expected to care for poultry and animals, learn manual labor such as hiving and mat weaving and cutting thatch for roofing. Girls do house-related chores. Both boys and girls run errands for those older than they, scare birds and monkeys from the field, provide the elderly with firewood, and engage in caregiving of younger siblings.

Chores are important in other cultures as well. In Zambia, 53% of the parents expected children ages 4-6 to be helping with the chores. As in Mali, there are different chores depending on the sex of the child, although there is some overlap. Boys are involved in gardening, fetching firewood, running errands and washing plates. The chores for girls include washing plates, fetching water and firewood, bathing babies, running errands, pounding food, and cooking.

In Namibia chores were also allocated depending on the child's gender. The most frequent tasks performed by boys in Namibia included looking after goats and cattle, collecting and chopping firewood, plowing and fetching water. For girls the most frequent tasks were fetching water, cooking, collecting firewood, pounding grain, washing up, and cleaning.

Beyond simply looking at the kinds of chores that children performed in the Namibia study an attempt was made to understand how children were taught the chores, the kind of rewards they received for doing a task well and how they were treated if they did not perform well. The researchers asked the caregivers how they responded to the way children performed their tasks. 93% of the caregivers reported thanking children and praising them for performing tasks successfully. About 46% clarified tasks when children failed to accomplish them, while 52% responded to a child's failure by rebuking or punishing the child.

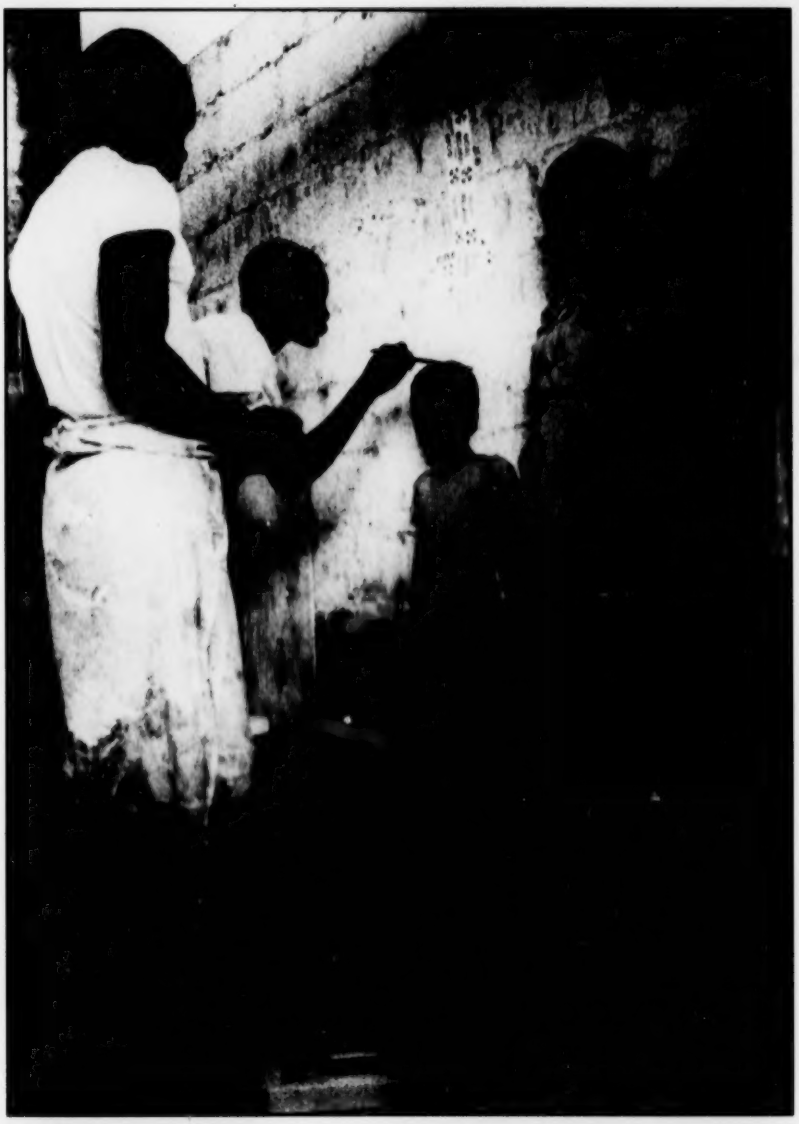
In terms of more general socialization, 74% of the adults said they would smile back in response to a child's smile. They were less responsive to children's requests to play and seldom offered help. When the child had difficulty with a task, 29% said they would tell the child how to do it and have them try again, 18% blamed the child for his/her failure, and a small percentage would simply have someone else do the task. (Zimba & Otaala, 1991, pg. 58)

In some studies there were specific questions relating to how children are taught to be obedient. In Zambia 60% of the adults stated that children are corrected by beating, 30% use reasoning, and 7% verbal-

ly rebuke the child. But once again, boys and girls are not treated the same. It was stated that boys need more severe punishment since they are stronger than girls and more 'notorious'. (Chibuye, et al., 1986, pg. 28)

Education. *Non-formal education.* In Malawi, the researchers looked at who taught children different skills. The results indicated that mothers and siblings talk to and cuddle the child. Further, the child is taught to sit, talk, crawl, and walk by the mother and siblings. Toileting and independent living skills are taught by the mother. Language is introduced by both the mother and siblings both of whom teach the child to walk. Songs, dance, games, riddles are introduced by the wider community through play with older children and interaction with adults. (Kalemba, 1993, pg. 10)

Formal education. In terms of attendance in school, parents in the Zambian study reported that they sent their children to school, but the age at which children were sent varied (from 5 years to 9 years of age). Parents reported that they sent the children when they were "ready". 94% said it was important to send both boys and girls to school. The reasons given were: "so that they are both given a chance to succeed (46%), they should have an equal opportunity (34%). (Chibuye et al., 1986, pg. 30)



UNICEF 93 BOU1022 Betty Press

These health care workers measure the height of a boy as part of the registration process for school.

■ The degree of traditionalism (traditional, transitional, modern) evident in current childrearing practices and beliefs

One of the major tasks of the workshop was to analyze the reports on childrearing practices and beliefs in terms of the extent to which traditional practices still held sway and the extent to which the traditional practices had been 'modernized'. The report on Malawi addressed this question specifically. As these were presented researchers from the other countries indicated that similar changes were taking place within the societies they studied. What follows is a summary of the perceived changes.

■ Most traditional childrearing practices persist to date in some form, although they have been influenced by changes occurring in the society as a whole. For example, pregnancy is no longer as sensitive a subject as it was. The reason for this is that there is considerable modern information available and being provided to women. When they receive this information they are encouraged to talk about their own situation. Pregnant mothers are now eating foods which benefit the unborn child, although traditionally these foods were taboo.

■ Traditional practices related to the birth of the child are still persistent, with TBAs and close relatives playing a crucial role in helping to deliver the child. However, increasingly children are being born in health facilities and the traditional practices are not being followed. Also, the confinement period is breaking down for those who deliver their child in the hospital or birthing clinic. This is due to short hospital stays and being exposed to the public on discharge from the maternity hospital.

■ There are still strong taboos surrounding the discussion of still births and abortions. It is unclear if women have more accurate information about the causes of still births since still births are not discussed openly.

■ People now have correct information regarding the causes of kwashiorkor and marasmus. They know they are caused by poor nutrition and improper feeding habits rather than infidelity. Also there is an understanding that witches do not cause diseases like measles.

■ Mothers and siblings are still the primary caregivers. In cities, increasingly there is the use of nannies.

■ Girls' enrolment in school has decreased their role as child- minders. While unsubstantiated by research, there is a fear that this has increased the risk to infants and young children who are deprived of care as a result of the older girls attending school.

■ Most mothers still breastfeed on demand, but increasingly they are decreasing the number of months they breastfeed. Bottle feeding is practiced in towns and to a large extent by working mothers.

■ Post-partum abstinence is no longer ruled by tradition, making child spacing a problem. There is no longer the taboo against a breastfeeding woman becoming pregnant. A related problem is the fact that when a woman becomes pregnant she stops breastfeeding, thus shortening the amount of time the child receives breastmilk.

■ The bond between the mother and child is weakening as the child is now left to be taken care of by siblings or other caregivers earlier than this would have happened traditionally. There is a sense that care, such as feeding and bathing, may no longer be as consistent as it was when the young child was always with the mother.

■ The youngest children continue to have the lowest

UNICEF '93 BOUTTAS Amman Peninsula

40

status in terms of receiving food in the communal eating situation. When there is a shortage of food, the youngest suffer most. This is indicated by increased mortality rates for children between 12 and 24 months when breastmilk is less available (or not available at all) and it is not being replaced by appropriate foods.

■ Large families continue to be valued, particularly in rural areas. The high fertility rates among the groups studied is indicative of this. With limited resources, the care of children is problematic. Further, the fact that increasingly child spacing is a problem means that children are not given adequate care.

■ Some traditional beliefs about illness persist, particularly in terms of cures. The extent to which families use traditional medicines depends on their proximity and ease of access to Western health care. Rural families turn to traditional medicines first. When those don't work, modern medical treatment is sought. Sometimes, this comes too late. Urban families, with access to and experience with Western medicine, tend to turn to it first. Traditional medicine is sought when Western medicine is found lacking.

In sum, there are instances where more modern practices are replacing traditional practices. In some instances the replacements are of benefit to the mother and child, as in the situation where women have more information about the conceptualization, pregnancy and birth process and they are using this information to assure the birth of a health baby and to take care of themselves physically. However, there are a number of instances when the more modern practices have supplanted the traditional and this has had a negative impact on the child and/or the mother. This is true in the case of child spacing and the introduction of bottle feeding.

■ Where there is agreement between traditional practices and "scientific" knowledge

Too often the assumption is made that what is "traditional" is based on myths and beliefs which are not scientifically valid. The reasoning goes further. Since traditional practices lack scientific backing they are invalid and should be changed. Those attending the workshop were not willing to accept this conclusion. There was a strong feeling that there are a number of traditional childrearing beliefs and practices that are very much in agreement with current scientific thinking. One of the tasks of the Workshop was to identify those practices which are beneficial from both points of view. What follows is a listing of those generated during the workshop.

■ The practice of breastfeeding the child on demand and breastfeeding for a lengthy period of time are both beneficial. The issue is that in times of food shortage, children may not be given anything other than breastmilk. From the sixth month on children require more than just breastmilk. Another issue is the fact that the mothers themselves may be very undernourished and breastfeeding further depletes their own resources.

■ The mother-child bond is also in line with current scientific knowledge about the importance of a primary relationship for the child, a relationship that provides the child with basic security as he/she moves out into the world at large. In most of the cultures presented at the Workshop, traditionally there was constant contact between the mother and child for at least the first year. Mothers carried their children on their backs, spoke to and cuddled the child. Mothers also slept with their children until they were between two and three years of age. This helped strengthen the bond between them. The Malawi study indicated that under these conditions, cot deaths are extremely rare. This was ascribed to the physical closeness between the mother and infant. (Kalemba, 1993, pg. 14)

■ The community as a whole takes responsibility for raising the child. As children grow a variety of people are involved in their care, socialization and education. Caregivers include siblings, grandmothers, other relatives, and eventually the community. Expectations in terms of a child's behavior are reinforced by community members. Thus the child is given a consistent image of what he/she should become. Scientific knowledge also reinforces the importance of children having a number of people that they can turn to for support and guidance. A nuclear family, particularly one headed by a single parent, provides the child with few resources. The resources available within an extended family can be of great benefit to a child.

■ Play is viewed as an important part of a child's development within both traditional and more modern views of the child. Traditional cultures have provided toys and playthings made from materials found in the environment. The skills required to make these toys are handed down from generation to generation. The act of making the toy brings the adult into the life of the child.

■ There are traditional games that children play which stimulate cognitive development (problem solving, math, and reasoning skills) and which support the development of communication skills.

■ The songs, stories and riddles handed down through the oral tradition are an important part of children's learning process, promoting language as well as social development.

■ Children develop a sense of social responsibility through their involvement in age-appropriate tasks. From these they learn obedience, helpfulness, cooperation, and respect.

In sum, in the sub-Saharan cultures represented at the Workshop, the traditional world of the child is very rich. "By the time a child goes to school it will have had a very wide experience of its own environment." (Kalemba, 1993, pg. 14) This experience needs

to be acknowledged and built upon to promote the child's development.

■ Where there are disagreements between the traditional and scientific practices being promoted

While there are many traditional beliefs and practices that are supported by current understanding of how to promote healthy growth and development, there are some that are at odds with current theory. These were also explored at the Workshop. What follows is a description of some of these practices.

■ Traditional food taboos for pregnant women can have a negative impact on the child's development and the woman's own health. For example, taboos against eating eggs, fish and certain types of meat limit women's intake of protein. What is of interest is the fact that the specifics of the food taboos are so similar across all the cultures studied. Unanswered questions include: Why do these widely geographically divergent cultures have such similar food taboos? How did these taboos develop? What function have they served historically? Are they important today?

■ There are practices associated with the birth of the child that are potentially dangerous for the child. The use of unsterilized instruments to cut the umbilical cord and applying dung or ash to the wound increase the risk of infection. These practices are easily addressed, although changing the behavior of TBAs who do not have access to appropriate instruments and medicines is more difficult.

■ The practices related to the introduction of solid foods varied considerably across the cultures studied. While in some cultures solids, in the form of a porridge, were introduced as early as 3 months of age, in other settings solid foods are introduced much later. In most cases children are provided maize meal or a single type of porridge as the only weaning food. Frequently there is imbalance between solid foods and breastfeeding with the result being an inadequately nourished child. While in some instances this lack of balance is the result of lack of knowledge about what a child requires, at other times families lack access to appropriate food.

■ Feeding patterns are not based on an understanding of children's developmental needs (i.e. that children need to eat small amounts of food at frequent intervals rather than large quantities at 2-3 sittings). In most traditional cultures children are fed when adults are fed. This amounts to being fed only twice a day in Malawi.

■ Across the cultures examined at the Workshop, fathers are at a distance from the childrearing process. While they may be part of the presentation of the child to the community, they take little or no responsibility for the child during the early years. Sometimes as the child gets older (age 3+) the father will take some interest in the child and get involved, at least in a minimal way, in the child's socialization. The pattern across cultures in terms of the urban fathers involvement with children differed. While in urban Nigeria the father tended to get more involved with the child since there were fewer extended family members available to help provide care, in Malawi, the additional stresses of urban life meant that the father was even more distant from the child.

■ Tradition sets clear boundaries on roles based on gender. Children are socialized very early into appropriate roles. This is done through the assignment of chores and tasks based on the child's gender. There is little opportunity for children to explore their full range of interests.

■ There is little recognition by the formal school system of the knowledge, skills and beliefs that children bring to school. This is not a problem of the traditional culture, it is a problem with current practice. The formal school system, most often implicitly, assumes that children lack knowledge and skills in relation to problem-solving, reasoning, math and language when they come from a traditional setting. Little is done to assess what children already know, how they think, and what they have experienced. Teachers are assuming they are dealing with a 'blank slate' when in fact children arrive at school with a wealth of experiences behind them that need to be recognized and built upon.

REFERENCES

Akinware, M.A. & A.A. Ojomo (1993) *Childrearing Practices and Their Associated Beliefs in Nigeria*. A Paper Based on the Baseline Studies Conducted in Five Local Government Areas in Nigeria UNICEF (1987-1990). UNICEF, Nigeria.

Chibuye, P.S., M. Mwenda & C. Osborne (1986) *CRZ UNICEF Study on Childrearing Practices in Zambia*. Zambia Association for Research and Development, Lusaka, Zambia.

Dembele, U. & M. Poulton (1993) *Research Work on Early Childhood Attitudes, Practices and Beliefs in Klondeba, Southern Mali*. Paper presented at the Workshop on Childrearing Practices and Beliefs in Sub-Saharan Africa, Windhoek, Namibia 26-29 October 1993.

Evans, J.L. (1994) *Child Rearing Practices and Beliefs in Sub-Saharan Africa*. Report of a Workshop held in Windhoek, Namibia, October 26-29, 1993. Consultative Group on Early Childhood Care and Development.

Kalemba, E. (1993) *Childrearing Practices and Beliefs in Malawi and their Implications for Programming*. Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1993.

Zimba, R.F. & B. Otaala (1991) *Child Care and Development in Uukwaluudhi, Northern Namibia*. UNICEF, Namibia.

42

UNICEF 93-1196 Cindy Andrew

Malawi: A woman, breastfeeding her infant and followed by another child, walks through a maize field.

CHILDREARING PRACTICES IN LATIN AMERICA:

UNICEF 5770 Sean Sprague

Summary of the Workshop Results

ROBERT G. MYERS

In 1991 the Latin American Council of Bishops (CELAM), the United Nations Children's Fund (UNICEF), and the Consultative Group on Early Childhood Care and Development began a collaboration on a project whose overarching purpose was to improve programs of attention to young children living in conditions that put them at risk of delayed or debilitated physical, mental, social and/or emotional development. The specific approach taken in the project began with the study of childrearing practices and patterns, from conception to about the time children were ready to enter primary school. Knowledge about childrearing was not sought for its own sake but was, rather, to be translated into action. Accordingly, the explicit purposes of the project were:

1. To gather, synthesize and draw implications from information about childrearing practices and beliefs. To do this in such a way that the knowledge will be useful to people charged with planning and implementing programs aimed at improving child care and enhancing early childhood development.

2. To describe methods that can be used by practitioners to gather information locally and to incorpo-

rate it into their activities.

3. To develop materials that will help the Roman Catholic Church and UNICEF incorporate childrearing information into their program activities.

4. To identify gaps in knowledge that should be filled.

The study of childrearing practices and beliefs in Latin America was done in two Phases. Phase I consisted of a pilot review of the literature on childrearing practices and patterns in one country (Mexico), and the development of a general framework for collecting information. Phase I uncovered, as expected, tremendous variety in the topics and cultural groups studied, in the methods used to study practices and in the practices themselves. This tended to confirm the idea that there is no formula with respect to childrearing practices. Phase I also led to the identification of gaps in the information-gathering and information about practices, patterns and beliefs, particularly in urban marginal populations. For instance, a weakness was found in the treatment of practices related to psychosocial development, as contrasted with the more extensive treatment of health and nutritional practices.

The review of the literature suggested the importance to programming of having current and situation-specific information about practices.

This led naturally into Phase II with its focus on development of field-based methodologies for recovering and systematizing local information. Phase II involved additional reviews of the literature and field work in nine Latin American countries (Costa Rica, El Salvador, Honduras, Guatemala, Bolivia, Peru, Chile, Mexico, and Ecuador) where case studies were carried out using a variety of methodologies for collecting and analyzing information.

This article provides a summary of the results from the country reviews and case studies carried out during the first half of 1992. The synthesis is based both on the presentation and discussion of study results at a workshop in Bogota in early September 1992 and on reading of the case studies from each country.

Common Influences on Childrearing Practices

The social and institutional contexts within which the studies were undertaken are important to describe. In reviewing the studies it became evident that several historical and contemporary influences seemed to cut across the extraordinarily diverse settings in which the study was carried out that helped to moderate diversity. Therefore, it seemed reasonable, in spite of the major differences among settings, to be able to make general statements about childrearing which, if not applicable in 100% of the settings, nevertheless characterize conditions and practices in a majority of the communities. Among the general influences identified in the studies and in the Phase II workshop were:

500 years of Spanish cultural hegemony. Even the most resistant native cultures of Latin America have been influenced to some degree by the Conquest and its long aftermath. Perhaps foremost among these influences has been that of the Roman Catholic church which, over the centuries, has influenced beliefs and values, including those affecting childrearing (CELAM, 1992).

Economic decline during the "lost decade" of the 1980s. Without exception, the countries included in the study suffered major economic declines during the 1980s, affecting employment levels, increasing the number of people living in poverty (IDB, 1990).

The impact of the neo-liberal economic policies. Applied in an attempt to overcome the economic problems of the 1980s, the so-called neo-liberal economic policy has been characterized by economic programs providing incentives to attract local and foreign investment, and favoring large scale industry and a shift to cash cropping. These policies increased economic inequalities, placing additional burdens on the poor and reducing social spending.

The combination of the economic recession and of the neo-liberal policies has led to a marked increase in the level of poverty in the region and has forced more and more families to pursue survival strategies. Economic pressures not only lower the level of resources available to meet daily needs, but also affect livelihood and work patterns, family structures and relationships, as well as childrearing practices and patterns.

The growth of conflict in the region. Major strife in Central America, the Southern Cone, Colombia and Peru has created difficult conditions of life for a growing number of Latin Americans, affecting basic beliefs and patterns as well as daily routines. This conflict has also introduced new survival and socialization needs.

The continuing growth of urban areas. This long term trend has been accelerated by economic declines and civil disturbances over the last decade or more. With the move to urban areas, old ways of doing things do not always apply. The space and conditions in which children are reared change dramatically requiring shifts in practices.

The continuing move of women into the paid

labor force and into non-formal employment. Associated with economic pressures and changes, urban growth and shifting values is an increase in the participation by women in the paid labor force. Because society still assigns primary responsibility for childrearing to mothers, this shift, when combined with a decrease in extended families and with longer periods of children in school has brought with it a demand for alternative forms of childcare and rearing outside the home. Or, it has forced adjustments in practices and patterns of child care which allow women to combine work and care.

The rapid advance of technology on many fronts—in transportation, communication, education as well as in industry and commerce—has not only brought new ways of doing things, including raising children, it has also helped to provoke a general clash of values. That advance, with origins in 'science' and an occidental culture, places competition, individualism and consumerism against cooperation, solidarity, and spiritualism. It has helped to dampen the force of tradition and experience. It has brought bottle feeding, plastic toys, television and other accoutrements of childrearing that were not available in the past and which are often substituted for traditional childrearing methods.

There has been an impressive reduction in the rate of infant mortality—even in a time of economic difficulties. With this reduction has come an increasing shift from a cultural orientation focussed on accepting death and promoting the survival of children, (with its harsh tone based on a high probability of an early death), to a more optimistic and open cultural orientation toward growth and development.

In brief, all of the above widespread conditions have had their influence on practices by affecting:

- the immediate physical and social environments in which children are reared;
- the values toward which childrearing is directed and some of the beliefs that underpin traditional practices; and
- the methods and practices available to be applied in the process of childrearing.

In so doing, these increasingly common conditions provide pressures for common responses.

Methodology

The Phase II Case Studies: Where Were They Done and Who Participated?

Case studies were carried out in 35 communities in 9 countries. Overall there was a relatively even split between urban and rural communities. Aymara, Quechua, Mapuche, Shipiba, and Negro cultures are represented as well as predominantly mestizo and hispanic cultures. Urban groups included communities on the periphery and in the central city. Rural communities included isolated communities and those relatively near to major cities but still involved in agriculture. Ecuador contributed the greatest variation within a single country, with information from 14 different communities located in five different areas of the country and covering Indian, mestizo and Negro cultures, and various mixtures of these cultures.

More than 600 people provided information within the various studies. Almost all of the participants were mothers. In Honduras, Peru and Chile, a conscious effort was made to select both younger and older mothers for interviews. Only in Chile (with the temporary workers) and in Ecuador, were a handful of fathers included. In various locations, men were among the experts or community agents consulted.

The population with whom researchers worked in each country is not a statistically representative population. Communities were not selected randomly, nor were people; rather, a purposive approach was taken, linking selection to particular conditions. Criteria differed by location, influenced by a desire to provide variation (Chile, Peru, Bolivia, Ecuador and Central America taken as a whole), to include a particular cultural group (for example, the Negro culture in Ecuador), to work with communities in which the Catholic Church was active (Mexico), or to study communities undergoing a particular change (as in the resettlement situation in El Salvador). In Chile and Peru, an effort was made to select individuals for participation in the study who had not been involved in a program run by non- governmental organizations.

Going to the Field: Two Approaches

Two purposes guided field work in the project: collecting information and promoting reflection and change. The main purpose adopted in eight of the studies was to collect information about childrearing practices and patterns. Directly promoting change as part of that process was, at best, a secondary goal in these studies. In the Mexican study, by way of contrast, the information-collecting purpose was subordinated to promoting reflection and change, resulting in a different methodological approach from the others.

■ Collecting information

The two most common methods used to collect information in the project were questionnaires and interviews. Structured questionnaires served as the basis for work in the Central American countries and in Ecuador. In Central America an extensive instrument was carefully constructed to cover each of the contextual and developmental variables for which information was desired. This instrument was administered to individual mothers. In Ecuador, a briefer

questionnaire served as the basis for interviews in family settings. In group settings, it became a kind of semi-structured interview schedule. Whether individually or in groups, an attempt was made to use questionnaires and conduct interviews in such a way that they began with the concerns of the families interviewed about the up-bringing of their children. Thus, an attempt was made to avoid 'extracting' information from people and, rather, to place the emphasis on helping people to understand better and to satisfy their concerns.

The questionnaires produced quantitative results, allowing a description and comparisons among groups with respect to some standard categories and questions.

In Chile, Peru and Bolivia, a semi-structured interview schedule provided the starting point for conversations in focus groups. The schedule was followed more closely in Bolivia, in order to help systematic recording of information, than in Chile and Peru where conversations were tape-recorded and then transcribed. The Chilean approach allowed group interviews to flow spontaneously. Tapes were analyzed after a first interview and gaps in information were identified that could then be filled at a second or third session with the group. The results of these interviews were submitted to a content analysis and are presented in qualitative terms.

In all of the above cases, instruments were field tested and adjusted before being used. Adjustments continued during the period of application.

The instruments all included information about the people interviewed and about the general conditions of life in the family. In addition to obtaining an idea about the economic situation and work patterns, family structure, and educational levels, instruments included questions about family relationships, about the distribution of roles and responsibilities, and about alcoholism and abuse. With respect to practices, patterns and beliefs, information was sought at different periods of development (pregnancy, birth, infancy, early childhood and the preschool period), about practices related to health, nutrition, and psycho-social development.

■ Promoting reflection and change

The Mexican study differed from the other eight studies in several respects. First, because its main purpose was the promotion of reflection and change, the methodology used was a participatory one. The subjects of the exercise were facilitated in a process of constructing their own set of questions and answers about childrearing practices, patterns and beliefs. The basic premise of this methodology is that, in the process of gathering and discussing information, those involved will identify areas in which action is desirable and will be motivated to carry out those actions. Accordingly, the *process* used to carry out the study took on even greater importance than the *content*. Applying the participatory methodology meant that the outside "researchers" began by discussing basic concepts with the community workers rather than by administering a questionnaire or semi-structured interview schedule or accepting the categories developed in Phase I, as given.

Second, the study in Mexico focussed on community agents rather than on parents. This focus was adopted because community action is the business of community agents. Working with agents to understand and apply a participatory methodology in examining both the well-being of young children and the childrearing practices and patterns in their community, constitutes a strategy for improving the condition of young children. But the focus was also taken in order to test out an assumption that is often made—that because community agents come from a community or have lived for a long time in a community they will have absorbed and can articulate the traditional wisdom of that community. In this case, the emphasis was on traditional wisdom about childrearing. To some extent, the Ecuadorian study also incorporated this dimension, by involving people from different communities and/or governmental agencies in the process of collecting information.

Third, the Mexican study was more directly related than others to the activities and thinking of the Roman Catholic church. The communities chosen were communities in which a system of *comunidades de base* were functioning and entrance to these communities was sought through the local parish priest or another representative of the church. The community agents with whom the project worked were primarily church workers and lay members active in the *comunidades de base*. The methodology employed was consistent with the church's method of analyzing community problems through use of "An Analysis of Reality," involving the three steps of "looking (gathering information), judging (analyzing the information), and acting (identifying solutions to problems identified and carrying them out)." To a limited degree it provided a test of that methodology, as applied to childrearing.

Another feature of the Mexican project that sets it apart is that the groups with whom community agents were working in one of the communities were groups of older children; the approach to childrearing in families was examined through these children rather than through parents.

The participatory methodology applied in Mexico called for several different techniques of gathering and processing information and for working in the community. For instance:

- Group exercises to motivate and aid reflection were used, such as games or role playing or creating posters that expressed a viewpoint about child-

rearing (or about the role of the community agent). One of the most successful and insightful of these involved asking participants to act out something from their childhood, or to reflect on what their childhood was like. This method helped to bring out inter-generational comparisons, a comparison that was sought in other studies by working with groups of older and younger women.

- A rough instrument was constructed to record "A Day in the Life of a Child." This was found to be useful when working with the older children to observe their younger siblings.

Finally, the Mexican study involved working closely and continuously with a limited number of people, in only two communities, over a period of several months, as contrasted with other studies that involved interaction during, at most, several hours, at one or two points in time.

To record observations and conversations over time, detailed notes were taken and a field diary was kept. Notes from periodic meetings with community agents were analyzed and a systematic reformulation was provided to the group as a basis for discussion at the next session.

Methods used in each country are indicated in the table below.

Practices, Patterns and Beliefs

What follows is a discussion of some of the cross-study findings from the childrearing case studies conducted in Latin America.

■ Who cares for the child?

1. The mother continues to be the main person who cares for children. However, her role varies a great deal according to the age of the child (less time is spent with the passing of time) and according to social, economic, cultural and family circumstances. In many places, grandmothers and older siblings have an important role in providing care to the young child. In some cultures during the post-natal period the mother-in-law is important.

2. The father rarely participates directly in early childrearing. The degree of presence and support varies from place to place but, in general, the father's contribution seems to be minimal and is done for the sake of appearance rather than out of a desire to meet the child's or mother's needs. As with every generalization, there are exceptions. For example, fathers frequently participate directly in the birthing process in the Andean cultures of Bolivia and Peru. In El Salvador, rural Bolivia and the Mapuche culture in Chile, fathers take on an important role in socialization of boys during the later pre-school years. Among the temporary laborers studied in Chile, the work routine demands that fathers take an active role in the care of their children.

The opinions of mothers regarding the help they receive from their partner in caring for children is marked by a cultural pattern that, in the main, protects the positive image of the male even though his participation is minimal or missing. This opinion may or

Methods Used in Case Studies of Childrearing Practices

Patterns and Beliefs: Phase II

Methods	Costa Rica	El Salvador	Honduras	Guatemala	Ecuador	Bolivia	Peru	Chile	Mexico
Biblio-search	■	■	■	■	■	■	■	■	■
Field Work									
Individual or Family Interview	■	■	■	■	■				
Group Interview					■	■	■	■	■
Informants: Mothers				■			■	■	
Informants: Comm. Agents	■	■	■	■	■				
Informants: Professionals/Academics						■	■	■	
Action Research									■
Feedback Workshops	■	■	■	■	■				■

may not be based on the financial help that males provide. Also appearing in the studies is the general opinion that men do not know how to, and do not have the capacity to, participate in the childrearing process.

3. In many of the places studied, the role of the honorary mother or of the mid-wife continues to be important during pregnancy and birth.

How is the Child Cared For?

■ Pre-natal

1. Birth control is rarely practiced in the groups studied. Many mothers wish to have fewer children and they are in favor of birth control but do not practice it. Men are particularly resistant to the use of contraceptives.

2. The practice of abortion is not accepted as a norm nor followed in the groups studied, with very few exceptions.

3. In general, pregnancy is seen by the mothers as a natural process rather than as an abnormal process or as a sickness. (In Chile, among the Mapuches, women avoid heavy physical labor but continue working at habitual chores until the last minute.) This vision of pregnancy as normal is not reflected in the ways it is addressed within the formal health system.

4. Although there is variation from place to place, in general there is little change in women's dietary practices when they are pregnant. There appears to be little variation in Peru and in Bolivia. However, in Central America, between 50% and 60% of the participants in the case studies stated that they changed their eating practices when pregnant.

5. It is common for women to have food cravings and to believe that these ought to be satisfied. In Peru, there exists a belief that cravings come from the fetus and therefore one has to respond. Apparently, cravings serve to insure that a pregnant woman will eat more and that the father, in helping to satisfy the cravings, participates in the process.

6. In general, a high percentage of women have their pregnancy monitored by either the formal or informal health systems at their disposal. The use of formal vs informal (mid-wives and honorary mothers) systems varied a great deal among places, including within countries. In some rural areas, a very low percentage of women seek attention (e.g., Bolivia, Peru and Cotopaxi in Ecuador). Moreover, the monitoring, many times, is partial. According to the Ecuadorean study, less than 40% of the women monitored their health, ate better and reduced physical labor during pregnancy.

■ Birth and post-partum

1. As with pregnancy, birth is viewed by the women studied as a natural process, whereas the health system treats it as equivalent to sickness.

A Mix of the Traditional and Modern

Traditional medicine in El Salvador is a mixture of local medical knowledge and religious and cultural beliefs, and European medical concepts. At the time of the European conquest, almost 500 years ago, the indigenous people of Central America had great knowledge of human physiology and anatomy, as well as detailed descriptions of illnesses and diseases and a remarkable range of therapeutic methods, remedies and magico-religious rituals.

In the traditional system, good health is seen as keeping a balance between the individual, the community and the environment. Prevention also plays a central role. For most poor people in El Salvador, traditional medicine offers a powerful and often effective framework to understand health and seek care. There are traditional healers and midwives in every village and city. Most are poor people who give their services to their communities for little or no money. They speak the same language as their clients and give them more personal and caring treatment. Traditional mid-wives, for example, look after the pregnant woman rather than just the pregnancy.

In El Salvador no genuinely popular or empowering system could ignore or bypass traditional medicine. Thus the 'popular' health system set up by the revolutionary movement of the Farabundo Marti National Liberation Front (FMLN) provides a blend of the traditional and Western medicine and is based on several fundamental assumptions:

- Health and health care are political and social issues and cannot be understood or tackled only on a medical or technical basis.
- It is the way society works and the social relations between the community and the medical practitioners which are most important, not the type of medicine that is practiced. The FMLN argues that when health knowledge, skills and resources are treated only as goods for sale in the marketplace, then the community's health will suffer.
- Health is central to the process of community organization and empowerment. It cannot be ignored or postponed until political or social changes take place.
- The starting point is encouraging individuals and

the community to consult and participate in their own health care.

The relationship between traditional medicine and other forms of treatment can be complex. For example, in Central America, diarrhoea is one of the major causes of ill health. Traditional medicine uses over 20 different words to describe various types of diarrhoea. For some types, patients are more likely to go to the traditional healers, rather than medical professionals.

In the popular health system, traditional healers and other health workers meet together with community members to discuss experiences and consider appropriate treatment. This process combines traditional and non-traditional medicine in a positive way. For example, at first many people were reluctant to use rehydration salts to treat diarrhoea. But after discussion with the community, health workers found that people were happy to use salts if they were diluted in a traditional herbal infusion like camomile tea. In fact, the infusion gave better results, since the camomile was discovered to have anti-viral properties which aided recovery from diarrhoea. Another example comes from the time of the civil war. During that period doctors and other health workers learned from the peasants how useful honey was in the treatment of wounds and the best ways to apply it.

At the beginning of the popular health system many people saw traditional remedies as part of their own poverty and neglect. They wanted more expensive and therefore more desirable pharmaceutical drugs. It was only after much discussion and experimentation that herbal remedies came to be accepted. Today many communities have their own medicinal herb gardens.

From *Learning From Tradition* by Victor Amaya and Maria Black, published in Health Action, issue 7, December 1993/February 1994, published by AIRTAC.

---

2 The place of birth and the person who attends the birth varies a great deal. In Costa Rica, 100% gave birth in hospitals and were attended by trained personnel. In Bolivia, almost all births occurred at home attended by members of the family, neighbor women with experience or a mid-wife.

3 Only in the cases of Andean and rural Peru and Bolivia, was the physical presence of the father notable during birth. In other cases, the father 'accompanied' the birth by remaining nearby or by taking care of other children. Frequently, the father was absent.

4 In the case of births attended by mid-wives, there exists a variety of traditional methods that facilitate the birthing process.

5 In the majority of the places studied, the mother is given the baby immediately after birth. Also, colostrum is given. At the same time, there exist areas in which a high percentage do not follow these practices. There are also areas, as in Peru, in which colostrum is seen as harmful.

6 A range of beliefs was found regarding causes of problems at birth, many related to magic or to religion.

■ The first 40 days and the lactation period

1 A special period of 40 days ('la cuarentena', related to the idea of 'quarantine' in which people are isolated) is observed in some places, with the help of grandmothers, friends, or mothers-in-law. These women help with household chores and with other parts of the mother's normal work load. But in other places, such as rural Bolivia, the return to routine work is almost immediate.

2 Almost all mothers breastfeed their babies. But marked differences exist in practices and beliefs about the timing of introduction of supplementary food and the time of weaning. In urban areas, weaning frequently occurs before 6 months. In Chile, the health system advises new mothers to stop breastfeeding after 6 months.

3 Although weaning occurs in a gradual form in most cases, the practice of abrupt weaning was also found with some frequency in the studies, accompanied by the use of disagreeable substances applied to the breasts, or in conjunction with sending the baby outside the home for a period.

4 In the majority of the cases, babies sleep with their mothers, in some cases until two years of age or later. This practice facilitates breastfeeding on demand.

5 The practice of constant carrying of the young child is common, especially in Bolivia, Peru, Ecuador and Guatemala.

6 The practice of binding the baby appeared frequently in Bolivia and Peru, and among the Mapuches of Chile. Information about this practice was not sought in all of the studies. The origin of the practice is not given. In Peru, it is linked to a belief that children who are closely bound will grow up strong and straight.

7 Health check-ups during the first months vary greatly from place to place, related to the availability of health posts, but also to attitudes toward the formal health system (or attitudes of the health system toward the people) and toward the need for check-ups.

8 Comments related to practices of stimulation or of play with the small child included:

Peru: Mothers do not understand the need for stimulation.

Chile: In urban areas children are not played with because there is a belief that they do not have social

or psychological needs before 8-10 months. Among the Mapuches, the young child is considered a "person," and this translates into loving and attentive treatment, including talking to the baby.

Ecuador: 53% of the respondents in rural areas and 41% in urban marginal areas undervalue the importance of a child's play.

Honduras: 76% of the mothers interviewed stated that they showed colorful objects to their children.

9. The great majority of the mothers said that they talked to their small children. In Costa Rica, 100% affirmed this practice; in Guatemala, 92%. In Ecuador 85% said they help their child learn to talk, but only 72% assigned importance to talking with their child during the first six months. In Chimborazo and Cotopaxi in Ecuador, only 33% and 28%, respectively, considered it important to talk to the child before six months of age.

■ Infancy

1. The practice of health check-ups varied greatly according to availability and beliefs. Health attention was more frequent for emergency treatment than for prevention. A certain lack of confidence in the formal health system continues in various places. Also, the practice of using the informal system of health continues with respect to traditional problems, such as "mal de ojo" or "susto", which appear in almost all the places studied but which are ignored by the formal health system.

The percentage of people who recognized the value of immunization is high, but in some places the percentage of vaccinations completed had not reached the 80% level.

2. Feeding. There was little information in the studies about feeding practices for this period in the child's life.

3. According to the Central American studies, children crawl and walk "on time." In the Guatemalan case, a delay in the development of language was identified.

4. In Bolivia and Peru, the studies found that the parents (particularly the fathers) did not express affection to their children because this was thought to result in a lack of respect and disobedience.

5. The practice of physical punishment is very generalized. In many cases, this practice represents a repetition of what parents experienced in their infancy. While the use of physical punishment is common, there exist important differences in the frequency, the severity, and the occasions on which punishment is applied, as well as in the forms of application. In some cases, use is related to the belief that punishment permits learning in the child. The tendency to use physical punishment appears to be stronger than the use of rewards to reinforce desired behaviors.

6. In some places the manner in which young children are helped to learn to talk appears to be restricted to repeating words (e.g., Ecuador), while in others (Costa Rica) it includes such activities as telling stories and singing.

7. For the majority of people, the ability of a child to use "reason" is thought to appear between 3 and 7 years of age. Among the Shipiba of Peru, reason begins with the ability to walk, and among the Mapuches, the child is thought to begin learning from birth.

■ The pre-school period

1. Little information exists in the studies about health practices or nutrition during this period.

2. Beginning at three years of age (or a little earlier in some of the areas studied) it is common to assign errands or tasks to children, particularly in rural areas.

3. In the games that children play during this period, gender differences begin to appear.

4. The general use of physical punishment continues.

5. Major differences exist in the physical space that is available and free from danger in which children can play.

6. Differences were also found in the importance of television as an influence on young children. In Chile, the influence has become very strong. In other places, there is a clear tendency for television to play an ever-increasing role in childrens' lives.

Traditional and Scientific Viewpoints

One of the tasks within the Workshop was to examine current practices in terms of the congruence between those practices and "scientific" understanding of what children need to grow and develop. What follows is a summary of the findings on this dimension.

In spite of marked differences in geographic and cultural differences, in many places it is possible to find "traditional" patterns and practices that have both a "scientific" and a "cultural" value. These should be supported. For example: Treating pregnancy as "normal" and not as a "disease" or as an abnormal condition.

- The psychological help provided to a pregnant woman by mid-wives.
- The creation of a friendly and familial atmosphere in the home at the time of birth.
- The use of certain herbs to facilitate birth.
- The practice of reserving "forty days" for recovery and of substituting for the mother in her daily work during the post-partum period.
- Breastfeeding on demand. The practice of carrying the child (which facilitates breastfeeding and the possibility of interaction with the general surroundings as well as with the mother).
- The practice of sleeping with the child (which facilitates touch and breastfeeding while helping

the process of attachment).
- Gradual weaning (in many places).
- The presence and use of natural toys.
- Assigning tasks to the young child, consistent with ability and with a progression in difficulty.

At the same time, there exist patterns and practices that represent tensions between a "scientific" point of view and a cultural, traditional, popular point of view. For example:

- During pregnancy, many times the lack of check-ups and the failure to change eating habits is associated with problems.
- At birth, in a significant number of cases, the baby is not brought to the mother right away.
- In Peru, colostrum is seen as harmful.
- The idea that the small child is not capable of learning appears often in popular wisdom.
- Abrupt weaning occurs with some frequency.
- Delay in the introduction of supplementary foods is common.
- There is a lack of stimulation and verbal interaction between parents and their babies.
- There is little recognition that babies are sensitive to their surrounding emotional environment.
- Physical punishment is seen as necessary.
- Play is often seen as a waste of time.

There also exist patterns, practices and beliefs that have a high cultural value but, according to science, do not have a major affect on the physical or psychosocial development of a child.

- The practice of saving and/or burying the placenta.
- The use of a bracelet as a protection against "mal de ojo."
- The ritual cutting of hair (in Bolivia and Peru).
- The application of egg white if the child does not walk (Honduras).

Why Are Practices As They Are?

In this section, we will present four categories of response to the question, "Why Do They Do What They Do?" The answers focus respectively on the influence of "scientific" knowledge, social norms (patterns), beliefs, and the conditions in which children live. We make these distinctions even though the relationships among categories make it difficult, from time to time, to distinguish norms from beliefs or from levels of knowledge.

■ Lack of knowledge

One premise of many programs is that there exists a lack of scientific knowledge and that it is possible to change practices by introducing people to new scientific information. It is not difficult, using the results from these studies, to locate practices and patterns that, from a scientific viewpoint, seem to be "wrong." For example, science shows us that the development of the brain is influenced by the exercise of the senses. But the studies show that, in many cases, there is a lack of interaction between mother and child and little stimulation of the child during the first months. This seems related to a perception of babies as incapable of using their senses or as incapable of learning or understanding during their first months.

Other gaps in caregiver knowledge that exist, from a scientific viewpoint, include knowledge about:

- feeding habits during pregnancy and lactation
- the most appropriate time to introduce supplementary foods
- the importance of talking to the child
- effects of play on intellectual development
- emotional effects of physical punishment

Although there are gaps in the presentation and understanding of scientific information, it is evident that the process of filling these gaps would be a partial solution to the problem. It is clear that some of the ideas and/or scientific technologies are not accepted because other ideas continue to be dominant about the established ways of bringing up children. Also, concrete conditions of life for each family play a role.

■ Existing cultural patterns serve as norms of conduct

In the studies it is possible to identify some general patterns that evidently influence practice, such as:

- Care of the child is the responsibility of women. Men do not know how to provide care and remain on the margin.
- Breastfeeding is common.
- Physical punishment is used (at least every once in a while) to "help" a child to develop well.

A main conclusion of these studies is that norms vary a great deal from place to place and that, frequently, there is a difference between the norms (what "should be") and the practices (what "is"). The congruence between norms and practices actually seems to be greater in rural areas with groups that are more isolated and homogeneous. In urban areas, it is common to find discrepancies between norms and practices.

It is apparent that some cultural patterns have become diffuse and confusing in some places. The confusion is evident in inter-generational differences. For example, the older and younger mothers in urban marginal areas of Peru follow different patterns with respect to use of the formal health system and in adhering to the custom of binding children. The confusion of practices and mixing of norms are also evident among people of the same age who live in the same "community" but in fact come from very different cultural backgrounds and geographic areas. Indeed, in the study of urban areas in Chile, it seemed difficult to find common patterns.

In other places, patterns continue to be more or less clear, but the practices do not correspond to these supposed norms or patterns. For example, there exists a consensus that breastfeeding is good and necessary and it is considered a tradition, but many women stop breastfeeding very early.

■ They do what they do because of their beliefs

Even in the more modernized places in Latin America, "rational-empirical" ways of thinking exist side by side with dogmas based in the magical or supernatural. In order to understand the "why" of practices it is necessary to understand beliefs, whether magical, rational-empirical, or religious in origin.

In the studies many examples appear of beliefs that influence childrearing practice:

- Abortion is a sin.
- What is done with the umbilical cord has an influence over the life of the child.
- "Mal de ojo" is a cause of sickness. It is possible to protect oneself from "mal de ojo" by putting on a bracelet (or using another magical remedy).
- A child who is abnormal at birth represents a divine punishment rather than, for instance, a problem caused by such vices as smoking or drinking.
- A small child is "weak."
- A child is (or is not) a "person" at birth. Or, only with baptism does a child acquire the character of a person.
- To bind up babies produces strong and straight children.

In many cases, the magical beliefs do not have any effect that contradicts science; to the contrary, in some cases it is possible that they can be called upon to support a scientific belief. For example, the belief in the use of a bracelet to avoid "mal de ojo" is a form of prevention and can be related to the broader scientific concept of prevention.

On the basis of these studies, it seems that the lack of a sense of what should be (whether defined by science or by traditional wisdom or by religion) may be present in some cases but is not the main cause of deviation of practices from norms. These deviations between norms and practices seem linked to changes in beliefs and in the conditions in which children are brought up.

■ Practices depend on the conditions of life

There are many conditions that influence practices, patterns and beliefs. These include geographic (climate, topography, etc.), economic (level of poverty), social (the use of alcohol and drugs) and political conditions (the level of violence) within a society. At the level of each family there are special conditions influencing practices such as: the work situation and the conditions of work, the structure and size of the family, the particular moment of a family in its cycle, alcoholism in the home, etc.

Of equal (or greater) importance in the interpretation of the results of the studies are changing conditions—a generalized phenomenon in Latin America as in other parts of the world. Among the more important of these changes, with an effect on practices, patterns and beliefs are:

- migration to cities (where practices that served well in rural areas do not serve so well);
- changes in information and in available services in rural areas related to the advance of the communications media, to re-migration or periodic visits from the cities, and to the arrival of services such as the school and health centers (bringing with them modifications in practices and norms that do not necessarily conform to the rural context);
- violence and war (that dislocate people and which define new priorities and means of seeing the world, affecting practices and patterns; and
- social and economic changes such as the neo-liberal economic strategies in Latin America that have been accompanied by increased poverty. The conditions of poverty demand, frequently, strategies of accommodation in practices of childrearing to precarious conditions of life. These accommodations are functional in terms of the survival of family members, but negative from the point of view of the health of the child. That is to say, the up-bringing of children does not always occupy first place in the list of priorities of a family pressured by the need to survive.

All these changes in conditions were found in the case studies.

Constant change creates a tension between practices that represent, on one hand, membership in and the preservation of a particular culture and, on the other hand, a cultural adjustment to actual and future changes.

Therefore:

- When judging practices, the prevalence of change makes it necessary to distinguish the desire to maintain "traditional" patterns and practices simply in order to maintain them, from a desire to maintain them because they continue to respond to basic and real needs of the people.
- In some situations, it is difficult to identify norms.
- In many cases practices diverge from norms, creating contradictions and guilt in daily life.
- It is necessary to put in context the findings of the case studies and the recommendations to improve childrearing practices.

REFERENCES

Bonilla O., Y. R. Dinarte & S. R. Dinarte. (1992) *Informe de Investigación: Pautas y Practicas de Crianza en Niños Cero a Cinco Años de El Salvador*. El Salvador: Centro Coordinador de Evangelización y Realidad Social.

Cabello, A. M., J. Ochoa, & J. Filp. (1992) *Estudio de Pautas, Practicas y Creencias en la Crianza de Niñas y Niños entre 0 y 6 Años de Sectores Marginados de Chile*. Santiago, Chile: CIDE.

Caudillo, F., R. Delia, & L. W. Partida. (1992) *Pautas y Practicas de Crianza: Del Conocimiento a la Acción*. Mexico, D.F.: Centro de Estudios Educativos.

DESCO, Unidad de Desarrollo y Proyectos. (1992) *Pautas*

y Prácticas de Crianza de Niños de 0 a 6 Años de Zonas Urbano-Marginales y Rurales. Lima, Perú: DESCO.

DESCO, Unidad de Desarrollo y Proyectos. (1992) *Síntesis Analítica de la Investigación Bibliográfica. Informe Final*. Lima, Perú: DESCO.

Lopez R. & A. Oscar. (1992) San Jose Nacahuil, Guatemala. *Las Pautas y Prácticas de Crianza de los Niños Menores de Cinco Años. Informe presentado al Centro Coordinador de Evangelización y Realidad Social — CEDOERS*. San José, Costa Rica.

Navarro R., N. R. Orlando, & R. A. Alpizar. (1992) *Informe Investigación sobre Prácticas de Crianza en Niños de Cero a Cinco Años Costa Rica*. San José, Costa Rica: Centro Coordinador de Evangelización y Realidad Social (CEODERS).

Roloff, G., P. Nuñuz & J. Vásconez. (1992) *Prácticas de Crianza del Niño Pequeño en Zonas Rurales y Urbano-Marginales del Ecuador*. Quito, Ecuador: UNICEF.

Subirats, J. (1992) *Pautas y Prácticas de Crianza Infantil en Comunidades Rurales y Urbanas Marginadas de la Región Andina de Bolivia. Informe Final*. La Paz, Bolivia: Centro Boliviano de Investigación y Acción Educativas (CEBIAE).

Tabora, R. (1992) *Informe de Investigación Pautas y Prácticas de Crianza en Niños de Cero a Cinco Años. Honduras*. Tegucigalpa, Honduras.

UNICEF 93-1242/Ko Gyi

Related Research

Outside of the countries covered by the Latin American and Sub-Saharan African workshops organized by the Secretariat of the Consultative Group, UNICEF country offices in other parts of the world are also undertaking research on childrearing practices, patterns and beliefs and using the information gathered as the basis for programme development. What follows is a description of the experiences in two countries, Egypt and Lao PDR.

A Rapid Appraisal of Early Childrearing Practices in Egypt, *UNICEF, 1992*

The main objective of the research on early childrearing practices in Egypt was to identify and comprehend existing practices, beliefs and perceptions concerning childrearing and child development in selected communities. The focus was on communication with the most disadvantaged groups, particularly women and the poor.

The research process was meant to be practical and to build on local strengths and knowledge while at the same time developing the capacity of local NGOs to collect research data. Consequently UNICEF decided to rely on the experience and efforts of actual community developers from the very inception of the project. Accordingly, Egyptian NGOs were invited to participate in the project. There were 6 NGOs ultimately involved.

The individuals involved in collecting data were trained in Participatory Rapid Appraisal (PRA) techniques. The training was both theoretical and practical. By the end of the training process the group had selected a number of basic PRA research tools which they thought most appropriate for their task. In the gathering of data they were encouraged to employ a mix of research techniques (semi-structured interviews, observation, secondary sources and key informants), to work in multi- disciplinary teams, and to use more than one source of information. A process of data-collection by triangulation was employed. This involved using different techniques and sources to gather data on the same issue. This allowed for the cross- checking of information and getting a more in-depth understanding.

Rather than trying to cover a large sample, it was decided that researchers would compile case studies of family practices on a limited number of families. Households to be included had to have at least one infant, a child under three years of age and a child between the ages of 3 and 6. Selection of families was determined by the degree to which researchers felt they could establish a relationship with family members and make them feel enough at ease to willingly participate in the project. Five to nine families were chosen in each of seven sites.

The results yielded information on: the physical conditions/environment, feeding/eating practices, daily routine for the child, playing, children's interaction with the mother, parental perception in terms

of expectations for the child, children's behavior, how children learn, children's interaction with others (peers and adults), and the use of TV and other media.

The data generated were then used as the basis for the development of a curriculum on Early Childhood Development. The curriculum was designed to "provide caretakers with the confidence to sustain constructive/positive practices and the knowledge to correct other practices which are detrimental to the physical, intellectual, and/or emotional growth of children."

For more information on the programmes actually developed, contact: UNICEF, Egypt 8, Adnan Omar Sidki St., off Mussadak St., Dokki—Cairo, EGYPT.

Traditional Childrearing Practices Among Different Ethnic Groups in Houphan Province, Lao People's Democratic Republic, UNICEF, Somporn Phanjaruniti, 1994

Taken from the Executive Summary of the UNICEF Report

The Lao Women's Union, with support from UNICEF, has since 1992 been implementing the Women's Development Programme—a village based community development initiative working in five provinces of the Lao PDR to improve the well-being of women and their families. A particular concern in initiating this programme was the status of Lao children—their very high rates of infant mortality and overall health, education, and developmental situation. WDP staff have recognized that their work related closely to child survival and development issues but have lacked both specific information on traditional Lao attitudes and practices towards child-raising and a strategy to incorporate these issues directly into the programme.

Thus a study was conducted to gain better knowledge of these traditional practices and attitudes toward child-raising and the overall developmental situation for children growing up in rural areas of the country. The focus was on analyzing some of the strengths and weaknesses of traditional practices and the factors that lead to child development problems such as high infant mortality rates, low levels of girls' education, and delayed development.

The study was conducted in six villages representing the three main ethnic groups in northern Lao PDR (Lao Loum/Tai Daeng, Khmu and Hmong). It was carried out by a 7-person team who stayed in each village for 5-6 days and used techniques of Participatory Rural Appraisal to learn from and with villagers about issues and practices that impact on the lives of young children.

Many different aspects of childcare and childrearing practices were covered—including traditional maternal and child care practices, attitudes and behavior of parents towards raising children, traditional play and toys for children, and other issues impacting on child development and survival.

Many positive factors were present, such as the presence of voluntary childcare providers (grandparents and other relatives), positive attitudes and spiritual beliefs towards children, availability of good traditional toys and play, strong self-help skills among children, a reliance on breastfeeding and a good availability of traditional medicines and knowledge, and strong traditions of mutual support and cooperation within the villages.

There are also areas for concern. These include inappropriate traditional knowledge and practices and a lack of knowledge about essential child care and development concepts. There are low overall levels of knowledge of child development, especially in terms of cognition and physical growth, a lack of knowledge about proper nutrition and supplementary feeding, and traditional attitudes of preference for male children that result in girls losing the opportunity to attend school beyond very low levels.

The very difficult economic situation in some villages and families also severely impacts on child welfare by limiting the parent's available time (due to labor requirements), inadequate food in some cases, and a lack of access to outside health care and education services. The situation for children varies widely among the three ethnic groups included in the study. Khmu children are in an especially precarious situation which deserves special attention.

Based on the findings of the study, the team recommended that UNICEF and the Lao Women's Union make Early Child and Family Development (ECFD) an integral component of the Women's Development programme and that other agencies implementing village development projects in Lao PDR also consider similar initiatives. It was argued that ECFD is a strategy for working with children, their caregivers and the whole family and that it should be implemented as part of wider rural development activities that address root issues of child development problems. Further, it should be implemented using a participatory approach, building on the traditional strengths and knowledge of villagers.

The report recommended specifically that ECFD activities focus on training and include: caregiver education, strengthening the system of traditional home-based childcare, child-to-child activities, integration with wider development initiatives, and advocacy aimed at policy makers.

Since the report was just issued, these recommendations are under consideration.

For more information contact: Ms. Somporn Phanjaruniti, c/o Bruce Shoemaker, B.P. 820, Vientiane, Lao PDR.

UNICEF 93-1238 Patricia Roberts

BEST COPY AVAILABLE

Network **Notes**

Activities of the Secretariat ..... p. 55
Network News ..... p. 59
Networking ..... p. 62
The Road To Beijing ..... p. 65
Publications and Videos ..... p. 69
Calendar ..... p. 74

Activities of the Secretariat

The Consultative Group "On-line"

At our annual meeting in the Hague, the participants in the Consultative Group agreed overwhelmingly to the establishment of an electronic communications network focussing on International Early Childhood Care and Development. This effort will be organized by the CG Secretariat, and will be divided into several phases. Phase I will involve connecting all the Donors and Affiliates by e-mail. (We remind readers that Affiliate status is provided to agencies and organizations that contribute $500 per year. This places them within the network that receives the *Funders' Folio*, the *Coordinators' Notebook* and occasional papers. It will now also include participation in an ongoing "electronic roundtable discussion" and receipt of more frequent information bulletins).

Through connecting participants by e-mail the CG will be able to facilitate better and more frequent communications among donors and other individuals working to promote Early Childhood Care and Development internationally. We plan to set up special interest working/discussion groups that will multi-directionally exchange ideas and information about their given topic or focus. In addition we hope to facilitate greater sharing of resources, knowledge, and travel plans among donors, so that greater collaboration and cooperation can occur in the support of programs for young children and their families.

Phase II of our efforts will involve creation of an on-line database where participants can easily get hold of documents, information, and resources relating to International ECCD. What this means is that participants will be able to choose information from an index of available choices, and e-mail their requests for documents to our central computer, which will e-mail the requested documents back to them. This database might include information on the early childhood policies in various countries, on diverse models of daycare provision, on innovative programs, on resource groups and materials related to particular topics, etc.

If interest in using the CG secretariat as a clearinghouse for information is strong, we will set up an "Ask the Consultative Group" service, where requests for information can be faxed, mailed, phoned or e-mailed to the Secretariat, and we can locate the resources among the members or on-line through the internet (a huge network of libraries and databases accessible through the "information superhighway") and make them available to people working internationally on ECCD. This is a more ambitious undertaking, but might turn out to be an effective way to facilitate resource-sharing among NGOs and program providers.

Phase III of the project involves working through donors and international NGOs to get regional resource centers, local NGOs and interested program providers hooked up through e-mail, so they can easily exchange information about programming strategies and structures.

If you have access to e-mail that allows you to send messages outside your organization, and would like to be part of an e-mail ECCD communication network please send us a message with your e-mail address, your name and the name of the organization you work with, your address, phone number and fax number (if available). Please mention what interests you or your group particularly, and what services would be of use to you.

If you do not yet have e-mail, but would like to get it, there are several international services that offer e-mail accounts, including MCI, Worldlink, ATT, Compuserve and others. For information on what is available to you in your region, contact your telecommunications (telephone) company, your local computer store, or a nearby university (try the computer sciences department or communications department). Over time, we will be gathering information on regional "hookups" to electronic communications. We will publish updated information on how to get hooked up as we get it.

Contact the Consultative Group by e-mail at: **cgroup@confer.edc.org**

EFA Follow-up

In April 1994 the CG organized an EFA follow-up meeting which was hosted by UNESCO in Paris. It was an echo of the November 1993 EFA Meeting held at UNICEF in New York in the sense that it had a similar purpose but involved a different set of actors. The outcomes of the November 1993 meeting included 1) identification of priority issues and areas of work, 2) a plan of action with measurable outcomes, 3) designation of agencies to play a lead role in fostering communication for each line of action, and 4) plans for involving other organizations. The April meeting involved European-based organizations. The outcomes of the November meeting served as the starting point for the April meeting. The lines of action were reviewed, amended and expanded. The CG has been given responsibility for continuing to monitor progress and synthesizing results in relation to the lines of action, each of which is intended to strengthen work in the field of early childhood development.

The 9th Meeting of the Consultative Group

This meeting was held June 27 - June 29, 1994, in the Hague, hosted by the Bernard van Leer Foundation.

The specific purposes of the meeting were:

- To exchange information about new developments in the participant organizations and in the field of early childhood development in general, including discussion of advances made in respect to the lines of action developed in EFA follow-up activities;
- To reflect upon the role NGOs play and might play in programming for early childhood care and development;
- To discuss a paper on "Family Support and Early Childhood Development," presented by the Bernard van Leer Foundation; and
- To report on activities of the Secretariat over the past year and discuss plans for the coming year.

Among the 22 participants in the meeting were staff from 8 of 11 organizations currently active in the Consultative Group: The Aga Khan Foundation, the Bernard van Leer Foundation, Save the Children/USA, UNESCO, the World Bank, Christian Children's Fund, the High/Scope Educational Research Foundation, and USAID. Also participating were seven Advisory Committee members.

Activities of the Secretariat

Government Support for Early Childhood Activities in South Africa

In early 1993 a Study Team consisting of eight individuals from South Africa, facilitated by Judith Evans, was constituted to assess the feasibility of the South Africa Government providing support to early childhood programmes. Working under the aegis of the Centre for Education Policy Development, the team gathered data on the needs, the current status of early childhood provision in South Africa, and the potential for expanding the role of NGOs to work in collaboration with government to support young children and their families. The Study resulted in a set of recommendations related to how the new Government of South Africa could provide support for early childhood education. The Study was funded by the World Bank, USAID and the Kagiso Trust in South Africa. It was completed prior to the April elections and the recommendations from the study are now under consideration by the Ministry of Education.

Women in the Americas: Participation and Development

At a regional forum organized by the Interamerican Development Bank from April 5-7, Robert Myers presented a paper titled *Child Care: Contested Ground* which suggested several reasons why child care should be considered an important part of the discussion of women's participation and development, drew relevant findings from a literature dealing with child care and women's work, and offered several policy and program lines of action.

Interactive Radio in Bolivia

Over the past year the Educational Development Corporation (EDC), with support from USAID, has been pilot testing a set of 20 radio programmes designed for use with children 3-4 years of age being tended in a family day care setting in Bolivia. In June 1994 Judith Evans was asked to evaluate the interactive radio programme. The unique feature of the interactive radio project is that it has been designed to provide developmentally appropriate activities for young children, while at the same time providing teachers with child development information and encouraging them to develop similar activities. This approach appears to be a very effective way to provide training to child care workers with little or no formal early childhood training. The Family Day Care program is being supported by the Government of Bolivia and the World Bank.

"Initial Education"

At the second international forum on "Initial Education" held in Guadalajara, Mexico (May 25-27), Robert Myers made a presentation titled *Educational Policy and Initial Education*. In his presentation, he set out several characteristics of educational policy that need to be taken into account, described briefly several initial education experiences organized outside Mexico, with emphasis on programs of parental education, and looked critically at educational policy toward early education in Mexico.

Stronger Children, Stronger Families

This conference, held in Victoria, Canada, June 20-22 was a Year-of-the-Family Invitational Conference on the U.N. Convention on the Rights of the Child. Robert Myers led a discussion on programming principles and presented a paper titled *In Defense of Re-inventing the*

Wheel which argued that:

- Behind the desire to avoid re-invention, there are questionable assumptions about the universal transferability of models derived in an experimental way, as well as assumptions about an economic, production-driven model of development.
- The process of reinvention may even be more efficient than the transfer of technology in the long run, because it can lead to new discovery, incorporation of traditional or local wisdom, local understanding and ownership of the resulting model or technology, and growth of individuals and organizations through a participatory process of creation.
- Within an emphasis on the "power of process" the role of knowledge and experience is to provide not models, but ideas, motivation and hope, an evaluation of progress, and principles and guidelines for organizing the process.

Child/School Status Profiles

Work on the Child/School Status Profile project continues. National workshops were held on the theme in Jamaica (June 14-16) and Jordan (July 1-5). From October 17-19, 1994, the Secretariat will organize an international workshop on *Monitoring the Status of Children and of Learning Environments at the Point of Entry into Schooling*. The four countries involved in the study are invited—Colombia, Jordan, Jamaica and Kenya—as well as people doing related research in their own country.

The general purpose of this meeting is to advance the process of defining and operationalizing a *Child Status Profile* and a *School Status Profile*. These are for use in monitoring the condition of schools and of children at the point of entry into primary school in diverse cultural settings.

Behind this general purpose is a desire to fortify national policy, programming and advocacy efforts. This is directed toward improving the preparation of children for school and the preparation of schools for the children they receive. Monitoring the status of schools and of children at the point of entry into school is intended to help:

- evaluate early learning at home and in early intervention programmes, suggesting positive programme changes during the pre-school years;
- provide baseline data for the subsequent monitoring and analysis of progress and performance in primary schools;
- suggest needed changes in the school learning environments in order to facilitate early adjustment in schools; and
- identify local groups of children most in need of assistance if they are to perform and progress well in primary school.

At the Workshop participants will extract lessons learned from the four country studies carried out during the first phase of the *Child and School Status Profile Project*. During this first phase of the project, institutions in each of these countries carried out reviews of existing instruments and measures, set up committees or a task force to help to determine the most pertinent indicators to include in the profiles, suggested the most appropriate means of measuring them, and took first steps toward determining how these indicators might be incorporated into a national system of periodic monitoring, using existing data collection mechanisms wherever possible.

In several countries experience has accumulated that will complement that of the four countries, either as large-scale programmes have been evaluated or as countries have sought to develop their own systems for monitoring children and schools. Participants in the workshop will exchange information about, and extract lessons learned from, these similar initiatives in other countries. Then they will present and refine proposals for future work needed in order to develop and put in place national systems for periodic monitoring of the status of schools and of children at the point of entry into primary schools. The results of the Workshop will be reported on in the next *Coordinators' Notebook*.

The next issue *of the* Coordinators' Notebook *will focus on fathering, and the roles fathers play in child care and development. We thank readers for sending us useful information on this topic. An upcoming issue of the CN will focus on ways that research can have an impact on Early Childhood Care and Development programs and policies. We welcome examples and related information as well as program descriptions for our new Program Profiles section. In addition, we invite you to send us copies of your country's child care policies, for an international survey of childcare policies.*

Network News

UNESCO

UNESCO is working to establish regional networks of early childhood cooperating centers. In order to strengthen advocacy for ECCD and train future administrators and trainers, UNESCO and its partners will identify leading early childhood institutions within Africa, Asia, Latin America and the Arab world. These institutions will help to coordinate early childhood activities within their region, and will serve as mobilizing and training centers to promote educational approaches which serve the child's development and best interest.

In relation to the International Year of the Family, 1994, UNESCO is sponsoring a number of events aimed at strengthening the place of the family on the international research agenda, raising public awareness of the fundamental role of the family in the education of children, and translating the general objectives of the Year into practical educational goals.

Several publications have been developed or sponsored, including *Families: Celebration and Hope in a World of Change* by Jo Boyden, published in association with Gaia Books of London and UNESCO publishing. A book stemming from symposia on child development in the family environment was published with the Paris NGO Working Group on the Family, titled *Educational Functions of the Family*.

Funds have been decentralized to regional and country offices in support of family/childhood programs. These efforts include:

- QUITO – a non-formal *educación inicial* program for disadvantaged families.
- JAKARTA – support for an Indonesian government program for family-based early childhood education.
- NEW DELHI – improvement of educational aspects of the ICDS program.
- APIA, WESTERN SAMOA – Support for family education programs in the Pacific Islands.
- BRASILIA – support to distance education in the field of family education.
- KINGSTON – family education in the Caribbean.
- CAIRO – technical support for the Egyptian government family/early childhood initiative.
- OUAGADOUGOU – creating early childhood and family development programs.
- AMMAN – strengthening non-formal family and early childhood programs in the West Bank and Gaza.

UNICEF 4687 Francene Keery

Paraguay: A woman and her family sell vegetables from their garden at a roadside stall.

For information on UNESCO's initiatives in relation to young children and the family, contact John Bennett, The Young Child and Family Project, UNESCO, 7 Place Fontenoy, 75700 Paris, France. Fax: (331)44 49 99 18 Tel: (331)45 68 38 15

The World Bank (WB)

During the past two years, the World Bank has begun to consider and grant loan requests that can be classified as 'Early Childhood Development' loans. A brief description of one of these recent loans follows:

1. Nigeria. The WB has granted a loan to Nigeria for $8,000,000. The main purpose of this is to support a five-year media education pilot project intended to strengthen early childhood development. The loan would:

- provide, disseminate and reinforce instructional materials for pre-school aged children;
- sensitize parents to early childhood needs and care;
- promote early childhood development by enhancing caregivers' knowledge and competencies;
- introduce replicable modalities of educational and social program development, monitoring and evaluation.

The project is directed toward pre-school children, aged 3 to 5 years of age, four million of whom (36%) already have access to television. For those children who do not have access to TV, the project will target children in fifteen Local Government Authorities in ten states.

The objectives of the videos and printed support materials to be produced are to develop basic communication and social skills in children, promote better knowledge and teaching skills among caregivers, and improve child care among parents.

The Aga Khan Foundation (AKF)

AKF, in conjunction with the Government of Kenya, has entered a three-year collaborative project to address the health, nutrition, care and early stimulation needs of young children. Working through NACECE (National Center for Early Childhood Education), the project promotes collaboration between various part-

ners working with young children. AKF has been working in partnership with the Kenyan Government since 1986, and this present phase of work has identified the following as the main areas of focus:

- Islamic integrated education;
- Linking pre-school with primary schools;
- Basic Health and Nutrition Education (BHNE);
- The care of under-threes;
- Monitoring and evaluation.

The implementation of the project will be a joint venture between NACECE and DICECE (District Centres of Early Child Education) and various other partners including the Ministries of Health, Agriculture, Culture, and Social Services and Home Affairs, NGOs, parents, local communities and private individuals. (From the *DICECE NEWS*, ECCE Newsletter Vol 10, November 1993).

The Centre For International Child Health

At the University of London, the Centre for International Child Health (part of the Institute of Child Health) is offering several courses of interest to people working in Early Childhood Care and Development. These include a 15 month MSc and Diploma in mother and child health, a 12 month MSc program in community disability studies in developing countries, a 9 month Diploma Course for teachers and planners of community-based rehabilitation in developing countries, short courses for health workers who work or are intending to work overseas, a two-week course in management skills for project leaders in developing countries, a four-week certificate course in breastfeeding practice and policy, and an intensive one-week course dealing with recent advances in health promotion in prevention of ill health in women and children.

For information on these courses, write to the Centre for International Child Health, Institute of Child Health, University of London, 30 Guilford Street, London WC1N 1EH. Tel: (44-71) 242 9789 Fax: (44-71) 404 2062.

Save The Children and USAID

Michael Gibbons of the Education Office of Save the Children, USA, and Carrie Auer of the U.S. Agency for International Development, Office of Education, participated in an appraisal/design mission to India to look at the Integrated Child Development Scheme (ICDS) program. ICDS, one of the largest child development programs in the world, was initiated in 1975 as part of the Government of India's National Policy for Children.

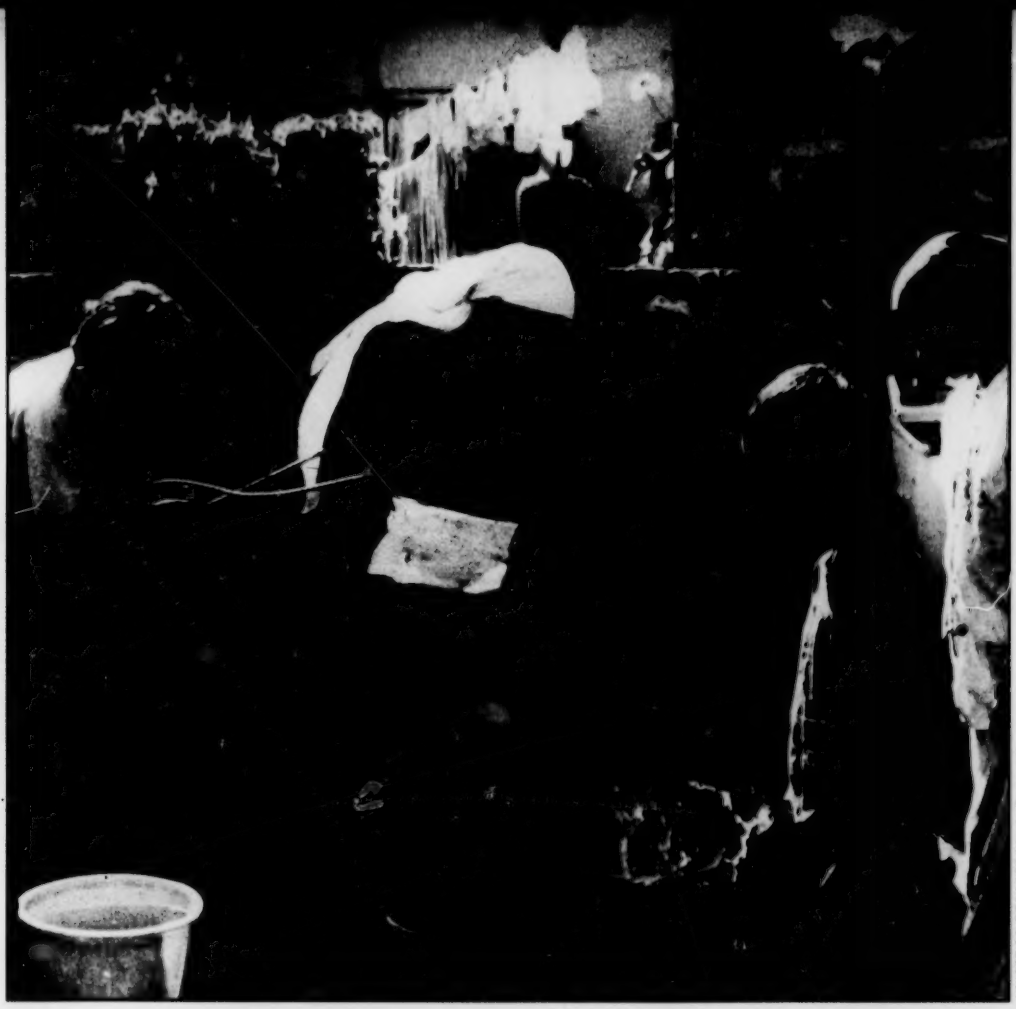
The ICDS program currently reaches over 10 million children under the age of six. This is only a small portion of the malnourished children in India. There are over 73 million children under the age of six who are malnourished, 40% of all the malnourished children under the age of six in the world.

The purpose of the consultancy was to review the funding for The World Food Program (WFP), which currently supports the ICDS in five states: Assam, Kerala, Rajasthan, Madhya Pradesh and Uttar Pradesh, and to design the next stage of support for the enhancement of the program. In the mission report, activities that would enhance the ECCD component of the ICDS were presented. Projected activities were selected for their ability, separately and in combination, to improve the sustainability and child focus of the ICDS by:

- involving the community and family more actively;
- reaching the youngest children creatively and in culturally-appropriate ways;
- reinforcing, training and supporting the overburdened ICDS workers more effectively;
- improving program management and efficiency at the local level; and
- using potential local resources more intensively.

The ICDS may be of particular interest to participants of the Consultative Group because it encompasses examples of how current issues have been addressed: linkage to primary school; integration of nutrition, health and early education; relationship of women's work and child care; training, cost and financing; sustainability; family support; etc. In addition, the cooperating agencies have formed a working group to coordinate their efforts in enhancing the ICDS program.

The project will be jointly funded and coordinated by collaborating agencies in adjacent areas of Rajasthan and Madhyan Pradesh. Cooperating agencies include: WFP, USAID, UNICEF, UNESCO, CARE, Aga Khan Foundation, Save the Children - UK, Save the Children - USA, Swedish SIDA, and local, state and national government offices.



UNICEF 93-B0011062 Nicole Tourtouni

A group of children fetch water from a local well near their house, in the neighbourhood of Bir Hassan, southwest of Beirut.

Networking...

International Forum For Child Welfare (IFCW)

IFCW, a global Non Governmental Organization (NGO), is an association of over 500 child welfare organizations drawn from across the five continents. The objective of IFCW is to strengthen NGOs everywhere in their service to children of the world.

Each year, IFCW sponsors a World Forum, an annual meeting which gives individuals and NGOs the opportunity to increase their abilities to serve children through sharing of experiences, effective cooperation and enhancing organizational capacities.

The theme of the 1994 World Forum scheduled for Sept 17-20, 1994 is "Child - Family - Community: a holistic approach." A two-day training program for Chief Executive Officers of the NGOs will be run on Sept 15 and 16, prior to the World Forum 1994. This training will include a developing country perspective on organizational management.

For information on ICWF contact Andal Damodaran, Secretary, Indian Council for Child Welfare, Tamil Nadu, 5, 3rd Main Road West, Shenoy Nagar, Madras, 030 600 INDIA.

International Multi-Channel Action Group For Education (IMAGE)

IMAGE is a partnership of institutions whose work cuts across the boundaries of international development, communication and distance education. It is founded on a commitment to the goals adopted by the World Conference on Education For All (Jomtien, Thailand, 1990) and the World Summit for Children (United Nations, New York, 1990). These goals set targets for major improvements in access, quality and equity for basic education wherever education takes place. As part of the process of meeting the challenge set by these goals, IMAGE seeks to develop strategies that integrate multi-channel learning approaches in the delivery of education.

They define learning channels as the various means that connect learners with sources of knowledge, skills and information. This includes:

- channels of mass communication and other educational media;
- more customary means of exchanging knowledge that are employed in formal and nonformal learning; and
- the "third channel"—the array of planned but more informal learning opportunities for meeting basic learning needs for survival, living and development.

IMAGE is organized into working groups, constituted to undertake projects or specific tasks. These activities are monitored by an IMAGE Steering Committee and an Executive Bureau. IMAGE is housed at the International Council for Distance Education (ICDE) in Oslo, Norway. It can be reached at: IMAGE Secretariat, c/o International Council for Distance Education, Gjerdrums vei 12, N-0486, Oslo, Norway. Tel: (47-22) 95 06 30. Fax: (47-22) 95 07 19. e-mail RRICDE@bbb.no

Northern Policy Research Review And Advisory Network (NORRAG)

NORRAG is a network of persons based in universities, research centers and development agencies committed to improving interactions amongst research, policy and practice in the "North" as a means of supporting education and training in the "South." NORRAG operates within a framework of similar networks of Research Review and Advisory Groups (RRAG) such as: Educational Research Network in Eastern and Southern Africa (ERNESA); Red Latinoamericana de Información y Documentación en Educatión (REDUC); and Southeast Asian Research Review and Advisory Group (SEARRAG).

NORRAG seeks to collect, analyze, and synthesize research on policies and strategies in the North concerning education and training in the South. It aims to conduct collaborative research relating to education and training policies, disseminate information on these, and advocate education and training policies to governments, NGOs and other organizations in the North. It provides advisory services, and cooperates with other RRAG networks to share information, carry out joint programs, promote joint efforts in advocacy and strengthen the RRAG networks.

NORRAG organizes seminars and workshops, holds a general conference each year, offers specialist training seminars, takes part in collaborative research activities, facilitates an exchange of research personnel from the North and the South, and publishes a twice-yearly bulletin NORRAG NEWS, as well as an annual French version, La Lettre de NORRAG.

NORRAG coordination is based, until Dec. 1995 at: The Institute of Development Studies, P.O.B. 136, CH-1211 Geneva 21. Tel: (41-22)732-5982 Fax: (41-22)741-0480 e-mail carton@tapse.unige.ch Coordinator: Michel Carton.

BEST COPY AVAILABLE

The Road To Beijing

The Road to Beijing: The Fourth World Conference

The Fourth World Conference on Women is scheduled to take place in Beijing China from September 4 to 15, 1995. A parallel Forum of Non-Governmental Organizations (NGOs) will be held also in Beijing from August 30 to September 8, 1995. The Beijing meeting will be preceded by Regional Preparatory meetings.

The purposes of the Beijing Conference are:

- **To review and evaluate the advance of women since 1985** according to the Strategies for Women set out in 1985 in Nairobi.
- **To mobilize women and men** toward the realization of agreements both at the level of political decision-making and of community organizations.
- **To adopt a platform of action** that concentrates on overcoming the main obstacles for the advancement of the majority of women.
- **To determine priorities** to be considered in the 1996-2001 strategies within the United Nations System.

Organization

The Conference has been called by the General Assembly of the United Nations in coordination with the Commission on the Legal and Social Condition of Women, the inter- governmental organ that formulates annual recommendations to better the economic, political, social, cultural and educational situation of women. The parallel NGO Forum is the responsibility of the Conference of NGOs, a consultative entity to the United Nations Economic and Social Council. This Committee is also charged with organizing prior fora coinciding with Regional Preparatory meetings.

Participation

Observers and participants in the Conference will include governments, organizations of the United Nations, recognized national liberation movements, inter-governmental organizations, NGOs, experts and professionals. Governments have been urged to include NGO representatives in their delegations. NGO organizations that have "Consultative Status" with the United Nations are automatically eligible to attend. NGOs without consultative status but which participate in regional preparatory activities are eligible to solicit participation.

The Parallel Forum of NGOs is open to all organizations interested in knowing about, discussing and extending the thematic agenda of the Conference. This same stipulation pertains to regional preparatory meetings.

We urge our readers to get involved in the activities leading up to and including Beijing. Women and young children have many intersecting needs. For more information on the Conference and the preparatory activities, contact: Irene M. Santiago, Executive Director, NGO Forum on Women, 211 E. 43rd St, New York, N.Y. 10017. Tel: (212) 922-9267 or 922-9268 Fax: (212) 922-9269, e- mail: ngoforum95@igc.apc.org

Child Care: Contested Ground

The following discussion was taken from notes prepared by Robert Myers of the CG Secretariat for presentation at a panel discussion at one of the regional preparatory fora for the Beijing Conference on Women. It offers an example of the types of thinking about child care which we would like to see incorporated into the planning for the Beijing Conference.

ROBERT G. MYERS

Presented at "La Mujer en las Américas: Participación y Desarrollo", Guadalajara, 5-7 April, 1994.

Although it may seem obvious that child care should be an explicit and important part of the discussion dealing with participation and development of women, and of women in development, child care has often entered the discussion

as an afterthought or has been absent. It has remained a *contested ground* in programming.

The reluctance to incorporate child care into the debate and into programming is only in part related to the lingering fantasy that "a woman's place is in the home." It is also related to the history of the development of the women's movement and of WID programs, where the "productive" role of women has been distinguished from the "reproductive" role of women—with emphasis placed on the productive role. The care and upbringing of children has not been recognized as a "productive" activity, for understandably ideological reasons. The unfortunate result of this narrow view has been to make it more difficult for programs of child care to evolve that are supportive of, and permit, broad economic and social participation of women. But there is now an important opening in this view.

Why should programs to improve development and participation of women in development incorporate child care?

1. The obvious first answer is that the lack of adequate child care options inhibits the earning and learning possibilities of women and children. This answer is usually recognized even if it may not be acted upon.

2. A second reason women's programs should incorporate child care is that care is itself a productive investment strategy. In this vein, child care should be viewed not only as a means of increasing productivity in the society but also as a form of employment and income generation.

Here, ground is contested because it is argued by some that employment in child

UNICEF 5887 Roger Lemoyne

care simply perpetuates inequalities by extending employment to women in a traditionally "maternal" occupation and does not help to place women in the mainstream. However, it could be argued that failure to recognize care as a legitimate form of work results not only in negative effects on the ability of women to earn and learn, but also perpetuates the exploitation of women, both at home and in the growing number of child care jobs outside the home. These are filled almost exclusively by women who are poorly paid and without social benefits.

3. A third, less immediate but equally important reason why child care should be central to the issues of women's participation and development is that the way in which children are reared bears directly on various gender issues:

- women are primarily responsible for production of the work force.
- there is discrimination when the sex of the child is known. It continues to be evident during the early years in the various forms that child care takes.
- values (including those related to gender) are transmitted to children and through children to the next generation.

Having argued the importance of child care within a context of women's participation and development, let us turn now in a telegraphic way to several important points that emerge from a review of the literature.

1. Historically, women have always worked in economically productive jobs. They have always been in the labor force, whether recognized by monetary remuneration or not. The narrow definition of women as "only housewives" is a myth. Pleas to return to the "good old days" when women stayed in the home are hollow.

2. Women have rarely been the sole caretakers of their children. Other family members, neighbors and members of the community have traditionally played an important role in the process.

3. Previous systems of social support and child care are eroding as migration, urbanization, changes in family structure and the extension of schooling proceed. With this breakdown, new support systems are needed.

4. It is not correct to assume that strengthening a woman's productivity and participation will automatically increase the welfare of either the woman or of her children. There may be a trade-off of energy and time that has negative effects on one or the other, or both. This is so in part because families are not necessarily the altruistic institutions we think them to be in which benefits and resources are distributed fairly.

5. There is a tension between the so-called *productive* and *reproductive* roles of women that must be dealt with. That tension is particularly acute:

- in conditions of poverty
- in single parent, women-headed households
- during the first year of a child's life
- when alternative child care options are lacking
- during periods of the "life cycle squeeze"
- if work is poorly paid, without benefits, far from home and physically demanding
- in heavy work seasons (e.g. harvest) or "wet" seasons
- where culture strongly dictates an exclusively domestic role for women.

6. The need for **adequate** child care through arrangements other than exclusive care by mothers is strong and is not being met.

7. To be "adequate" programs of alternative care should be: affordable, accessible, flexible, run by trusted and accountable persons, and meet minimum quality standards.

8. There are many viable options for stimulating the provision of adequate care, including strengthening traditional care in families, establishing programs of home day care for groups of children, creating self-standing programs of center-based care, and linking programs of alternative care to programs of community development, credit, community gardens, co-ops or markets, care in the workplace, etc.

9. In many cases, existing options are underutilized because they do not provide adequate care, as defined above. This does not mean that alternative care is unnecessary or not in demand.

10. Community-based approaches to child care, located in women's groups or other community organizations can provide an excellent service of care, but typically need some form of subsidy to be sustained over time if they are to serve poorer women and families.

11. There is a need to facilitate direct care of children by mothers during the first year of a child's life.

12. Men are little involved in direct child care or housework.

Some policy implications

1. There is a need to improve and enforce legislation that provides access to

child care and regulates policies of maternal and paternal leave.

2. Additional, "targeted" investment in adequate child care is required, particularly for children whose parents are involved in the informal sector and for woman-headed households in marginal areas.

3. When organizing programs to improve the productivity, participation and welfare of women, the needs of children must be taken into account. Similarly, when organizing programs directed toward the development of pre-school children, womens needs must be responded to.

4. It is possible and advisable to build programs of adequate child care on local experience and capacity, responding to local needs with community-based approaches. This cannot be done without a subsidy and in such programs quality must be guarded.

5. Child care should be viewed both as a social investment and as an area of employment generation. Proper pay and benefits should be provided to those who work in child care jobs.

6. Ways must be explored to re-integrate elders and fathers into the child care process.

7. Domestic labor, including child care, should enter the national accounting systems.

Interamerican Development Bank

The Interamerican Development Bank has shown growing interest in programs that affect young children as they relate to Women in Development. A regional Forum, titled "Women in the Americas: Participation and Development," was held in Guadalajara, Mexico on April 5 - 7, 1994. The Forum was organized by the Interamerican Development Bank, the Economic Commission for Latin America and UNIFEM. Its main purpose was to identify an Agenda for Action that would inform the actions of the Interamerican Development Bank and that would feed into discussions leading to the Beijing Conference on Women in September of 1995. The several background papers prepared for the meeting are available in English and Spanish. These include:

1. Cecilia Lopez Montaño and Margarita Ronderos Tórres, *Social Reform with a Gender Perspective*.

2. Mayra Buvenic and Margaret Lycette, *Contributions of Women to Economic Growth in Latin America and the Caribbean: Facts, Experience and Options*.

3. Alda Facio, et. al., *Women and Democracy: Consolidating the Role of Women in the Democratic Process in Latin America and the Caribbean*.

4. Lourdes Arizpe, et. al., *Women and Sustainable Development: Administration and Protection of the Environment*.

5. Vanessa Cartaya, *The Problem of Gender in Social Policy: The Case of Latin America and the Caribbean*.

The paper by Buvenic and Lycette, unlike others, gave an important place to child care and development issues in relation to women's development.

Panels were organized dealing with the following themes:

- Investing in Human Capital and Poverty Reduction (this panel included the paper reproduced above, *Child Care: Contested Ground*, presented by Robert Myers)
- Expanding Womens Political Participation
- Gender Issues in Social Reform: The Health Sector
- Womens Contributions to Sustainable Development
- The Social Costs of Domestic Violence
- Gender and Governance: Institutional Responses to Women's Concerns
- Challenges of the New Labor Market
- Strengthening Women's Political, Economic and Social Leadership
- New Perspectives on Rural Development
- Entering the 21st Century with a New Social Agenda

For additional information about the Forum and its outcomes as well as for copies of forum documents, contact: The Interamerican Development Bank, STOP E 0621, 1300 New York Ave. NW, Washington, D.C. 20577. Tel: (202) 623-2079.

Publications and Videos

Reviewed By Robert G. Myers

A Review of Early Childhood Care and Education Handbooks, Sourcebooks and Profiles

Over the last few years several English-language volumes have been published which present descriptions of early childhood care, education and development programs internationally. The books indicate an increasing interest in early childhood development. This note provides a brief description of what is contained in four edited volumes labeled variously by their editors as a handbook, a sourcebook or a set of profiles. The volumes are:

Moncrieff Cochran (Ed.). *International Handbook of Child Care Policies and Programs*. London: Greenwood Press, 1993.

Stephanie Feeney (Ed.). *Early Childhood Education in Asia and the Pacific: A Source Book*. New York: Garland Publishing, 1992.

Patricia Olmsted and David Weikart (eds.). *How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries*. Ypsilanti, Michigan: The High/Scope Press, 1989.

Gary Woodhill, Judith Bernhard and Lawrence Prochner (Eds.). *International Handbook of Early Childhood Education*. New York: Garland Publishing, 1992.

Taken together, these approximately 2,000 pages cover a very broad geographical and cultural spectrum. With the exception of the volume edited by Feeney, more attention is given to so-called "developed" countries than to "developing" countries. As one might expect, Africa is under-represented in the panorama. There is only one chapter on the Caribbean. The Arab world is represented by 5 country cases. Within Latin America, programs in 9 countries are described. Pacific Rim countries are well represented, while India is the only country included from South Asia. In brief, although these volumes cover a great deal of ground, many countries are still left out.

The main value of these editions is that they provide:

1. Historical insights into the evolution, changes, and the cultural and social differences in child care and development policies and programs. This is perhaps their most important contribution.

2. A menu of program options.

3. A thorough discussion of issues, tensions, and common problems that need to be dealt with when formulating policies and organizing child care and development programs.

4. A definition of some of the lessons learned over time about program implementation.

5. A rich bibliography for those who want to explore more with respect to particular countries or particular issues.

What the volumes cannot provide is up-to-date descriptions of child care, education and development policies and programs for each country. Such data and even policies are quickly out-of-date. Because of lags in data collection, reporting and publication time, figures presented should not be accepted as current.

What follows is a brief summary of each of the four volumes.

International Handbook of Child Care Policies and Programs

Moncrieff Cochran (Ed.)

London: Greenwood Press, 1993

This handbook, which runs to almost 700 pages, takes as its primary purpose "to provide the reader with easy access to reference material related to [child care] policies and programs, and to the social changes that they reflect." Overviews of public policy are provided for 29 countries. Approximately one-half of the country studies are

from the so-called first or second worlds whereas the "Third World" is represented by 6 Latin American countries (Brazil, Colombia, Mexico, Nicaragua, Peru and Nicaragua), 4 Asian or South Asian countries (China, India, the Philippines, Vietnam), 3 African countries (Kenya, South Africa and Zimbabwe), and one Middle Eastern country (Israel). No Arab countries and no Caribbean countries are included.

The country cases go well beyond pure description and are presented in order to understand child care practices as "evolving processes, intimately tied to that unique combination of broader cultural, historical, political, economic and social dynamic that defines a given society." Accordingly, the individual authors relate child care policies to other work and family policies in each country, showing how public involvement in child care is linked to more comprehensive policy goals.

Cochran suggests that the volume lends itself to research-based cross-national comparisons. For instance, one might examine ways in which child care provision has been used as a strategy for job creation or poverty alleviation in different countries. One might also examine administrative arrangements or the historical roots of present systems in the work of Froebel, Montessori or Piaget. An excellent index helps this comparison. Information about one theme, maternity and parental leave policies, is summarized in an appendix. Another appendix provides basic data for each country about the number of children under five, infant mortality rates, fertility rates, the urban rural distribution of children and the percentage of women in the labor force.

In a concluding chapter, the editor presents patterns that cut across and unify the case studies. The summary is organized in three ways. First, causal factors and mediating outcomes are identified that influence policy and program emphases. Second, these factors are grouped in an "interpretative framework." Third, crosscutting value tensions are identified and discussed. These include: the importance of the family vs. the state; centralized vs. decentralized authority; child development vs. preparation for schooling; and parent vs. professional control over program goals and content.

Early Childhood Education in Asia and the Pacific: A Source Book

STEPHANIE FEENEY (ED.)

NEW YORK: GARLAND PUBLISHING, 1992

This 327-page sourcebook is a collection of essays on 11 East Asian and Pacific Countries (China, Hong Kong, Japan, South Korea, Indonesia, the Philippines, Singapore, Thailand, Australia, New Zealand, and the Pacific Islands). The volume contains a brief introduction, a chapter on each country, and a concluding chapter that summarizes and further develops recurring themes.

The following comment on the volume is taken from a review appearing in the *Comparative Education Review*, Vol. 37, No. 4 (November 1993).

"An important contribution of the volume is to dispel the myth of an Eastern or Asian culture so pervasive and uniform that (1) the social institutions of any Pacific Rim country can be taken as representative of the entire region and (2) there is little about their institutions that can be applied to ours. . . . while variations in size, economic development, political structure and ideology, and history result in considerable variations in approach to early childhood care and education, comparison of the various chapters also reveals important commonalities. Virtually every country is struggling with the problems of (1) how to improve the pay, status, and working conditions of child care workers, (2) how to resolve the fundamental disagreement between those who believe that the preschool curriculum

should be based upon 'developmentally appropriate' activities and those who are eager to begin academic or 'serious' learning as early as possible, (3) how to provide services that are consistent both with the needs of young children and with the changing role of women, (4) how to meet the growing demand for child care services in periods of economic recession or crisis, and (5) how to respond to the demands of racial and ethnic minorities and to distribute preschool services fairly."

"The impact of Western culture is noted in almost every chapter. . . [as it] has been mediated through existing cultural patterns and has taken a different form in each place. Equally important are the numerous instances in which Pacific Rim countries have been innovators rather than imitators."

How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries

PATRICIA OLMSTED AND DAVID WEIKART (EDS.)

YPSILANTI, MICHIGAN: THE HIGH/SCOPE PRESS, 1989

This 420-page book is the result of phase I of the *Preprimary Project*, a research project being coordinated by the High/Scope Educational Research Foundation and carried out through the International Association for Evaluation of Educational Achievement. At the outset of the Preprimary Project, the research team in each participating country used the most recent information available to prepare a national profile of early childhood care and education. The national profiles provide a general picture of early childhood services within the societal context of each country, the role of government in providing or supporting these services, and major historical events in the provision of these services. The profiles include descriptions of national child and family policies as well as relevant population and service data from available statistical sources; areas in which little or no data exist are also noted.

As indicated in the preface to the book, "This book presents no solutions, and indeed, the picture it presents is only partial. The information appearing here, set in historical context, is what nations do now—or in some instances, what nations say they do now—to serve their young children."

The 14 countries for which national profiles are presented include the United States, 7 European countries, the Peoples Republic of China, Hong Kong, Kenya, Nigeria, the Philippines and Thailand.

An introductory chapter provides an overview of the IEA Preprimary Project and discusses the policy implications of results from the first phase of the project. In a brief concluding *Afterword*, Lilian Katz brings out three themes cutting across the various national profiles and presents current international trends in early childhood care and education. Katz notes (1) the general discrepancy between children's needs and the resources available to meet those needs, linked however to different reasons; (2) the wide variety of agencies responsible for preprimary provision in all countries, and (3) the relatively low status of caregivers and early educators.

International Handbook of Early Childhood Education

GARY WOODHILL, JUDITH BERNHARD AND LAWRENCE PROCHNER (EDS.)

NEW YORK: GARLAND PUBLISHING, 1992

This 562-page Handbook consists of two introductory essays, 54 country reviews (covering 45 countries), and an English-language bibliography of 402 references (complemented by bibliographies in each essay and country review) almost all of which carry dates prior to 1989. A good index is provided. Included in the definition of early childhood education are programs of child care and pre-school education, of special education and programs of parental involvement, as well as—in a departure from other volumes described here—primary school education. Including primary school education led in some country cases to separate chapters.

The geographic distribution of the countries included in the Handbook is broad. The 45 countries are distributed as follows: North America (2), Western Europe (11), Eastern Europe/USSR (4), Latin America (4), The Caribbean (1), The Middle East/N. Africa (7), Sub-Saharan Africa (8), The Pacific Rim, including Australia, New Zealand and Japan (7), and S. Asia (1).

The brief and dense introductory essays by Woodhill and Prochner raise interesting questions about the definition and evolution of early childhood education and are sensitive to local invention and adaptation, even while exhibiting a recognized bias toward the origins of early childhood education in Europe and its transfer and adaptation to other areas. Issues identified include: ideology in early education, the tension between education and care, the education of minority groups, and the parental role in early education.

Perhaps the most useful contribution of this book is the historical perspective on programs that is found throughout.

Other recent cross-national volumes:

Edward Melhuish and Peter Moss (Eds.): *Day Care for Young Children: International Perspectives*. London: Routledge, 1990. This volume gives special attention to day care research in the U.K., U.S., France, Sweden and E. Germany, taking the child's environment as a central theme and highlighting the influence of social context on day care.

M. Lamb, et al. (Eds.): *Child Care in Context: Cross-Cultural Perspectives*. Hillsdale, N.J.: Lawrence Erlbaum, 1992. This includes 12 analytical studies drawn from five continents, as part of a cross-national Study of Early Child Care sponsored by the United States National Institute of Child Health and Human Development.

Introducing...

• **Pathways to Parenting: a Caribbean Approach**—a two-volume manual produced by Parenting Partners in Kingston, Jamaica. Parenting Partners is a group of twelve professionals who work in aspects of parenting education. Their 9 agencies serve Jamaica and the Caribbean.

Volume 1, *Working Resourcefully with Parents: For Training Group Leaders (Facilitators)*. This is the WHY and WHAT book. Activities and discussions convey WHY parent groups can be so helpful, and WHAT a community facilitator can do to make group meetings successful. Readings and handouts accompany the text. Volume 2, *Manual for Facilitators of Parent Groups: a Step-by-Step Guide*. This is the HOW book. Twenty 2-hour sessions are outlined, with participatory activities and discussions made easy by facilitators' guidelines. Topics range across common concerns of parents: how to discipline children, what to expect at different ages, how to build self-esteem, how to cope with teenagers, how to handle family conflicts, etc.

Available from: Parenting Partners, P.O. Box 1112, Kingston, Jamaica, W.I. Volume 1: US$10.00. Volume 2: US$20. Both: US$25.

• **Kenya Early Childhood Health Education Booklets**—Target group: preschool teachers. Book 1: Personal Hygiene and Environmental Sanitation. Book 2: Maternal and Child Health. Book 3: Common Childhood Diseases. Book 4: Child Safety and Protection. Book 5: Food Production, Usage, Preservation and Storage.

Available from: The Kenya Literature Bureau, P.O. Box 30002, Nairobi, Kenya. Each booklet costs KShs 32.00.

• **National Center for Children in Poverty (NCCP)**—a catalog of publications and information resources. The publications program of the NCCP reflects the Center's interests in programs and policies that help improve the lives of young children living in poverty and

their families, with an emphasis on the USA. Publications in print or forthcoming cover such topics as—early education/preschool programs; child care for low-income families, including family day care; consumer education concerning child care choices; child and family health and preventive care at the local level; service integration strategies/programs/organizations; the impact of poverty on child health and development; child support assurance and child welfare reform.

For a copy of the catalog, contact NCCP, Columbia University School of Public Health, 154 Haven Avenue, New York, N.Y. 10032.

• **Caring for Infants and Toddlers in Violent Environments: Hurt, Healing, and Hope**, Joy D. Osofsky and Emily Fenichel, Editors.

This new report was issued by the Study Group on Violence of the ZERO TO THREE National Center for Clinical Infant Programs. Written for parents, child care providers, teachers, police officers, health care professionals, and others who work with families in violent environments, the report presents research findings and case studies illustrating what is known about the impact of early experiences of violence on children's development. It suggests ways for adults to cope successfully with their own experiences of violence, so they, in turn, can help very young children cope successfully with potentially devastating trauma. The focus is predominantly on families in the USA.

For information on this and Zero to Three's other publications, contact Zero to Three, P.O. Box 25494, Richmond, Virginia 23260-5494, USA. Tel: (703) 528-4300 (credit card orders, M-F, 9-17.00 EST) Fax: (703) 528-6848.

• **Why Children Matter: investing in early childhood care and development** is a new release by the Bernard van Leer Foundation.

In *Why Children Matter*, the BVL Foundation has brought together some of the main strands of the arguments for investing in the early years. They put particular emphasis on the importance of parents and of involving them in early childhood programs. Similarly, they see the involvement of communities as crucial. They look at the benefits of early childhood interventions, the need for quality, and also at the question of costs.

Many different kinds of approaches to early childhood interventions are described from all corners of the world. They are presented in their contexts, without value judgement about which is 'right' or 'best'. The examples demonstrate the ways in which programs are built on the local culture and local realities. A Spanish-language version will be published in the Fall.

Available upon request from: Communication Department, Bernard van Leer Foundation, P.O.Box 82334, 2508 EH The Hague, The Netherlands. Tel: (31-70)351-2040 Fax: (31-70)350-2373.

• **Training For Quality: Improved Early Childhood Programs through Systematic Inservice Training**. By Ann S. Epstein. Ypsilanti: High/Scope Press, 1994.

High/Scope has just released a new research monograph which takes a comprehensive look at the importance of training in the quest for educational reform. It reports on the effectiveness of the High/Scope Active Learning approach, for children and adults, and discusses how successful training for teachers of young children creates success for early childhood programs, for teachers and parents, for children, and ultimately for society as well.

Available from High/Scope Press, 600 N. River St., Ypsilanti, Michigan, 48198-2898. US$19. Tel: (313)485-2000, ext 274 Fax: (313)485-0704.

Calendar

October 12 - 14, 1994

An International Early Years Conference, sponsored by Save the Children UK in Cooperation with the School of Education at the Manchester Metropolitan University, will be held in Manchester Town Hall, Manchester UK.

Featuring Dr. Jens Quortrup, from Denmark; Feny de los Angeles Bautista from the Philippines; Bernadette Mosala from South Africa; Dr. Gillian Pugh from the UK; and Peter Moss, also from the UK, the conference will bring together those working with or for young children from a wide variety of disciplines and backgrounds in order to share knowledge, experience and aspirations as well as to promote the deeper understanding of guiding philosophies and principles.

For more information please contact Mavis Tweedale, Conference administrator, Didsbury School of Education, The Manchester Metropolitan University, 799 Wilmslow Rd, Manchester, United Kingdom, M20 2RR. Tel: (61) 47 2052 Fax: (61) 445 4068.

December 5 - 8, 1994

The World Federation of Public Health Associations are holding their VII International Congress, titled **Health, Economics, and Development: Working Together for Change**.

The goal of this conference is to fashion a workable strategy to make health concerns more central to economic and development policies and programs—to forge a practical action agenda to link health, economics and development.

For more information about this conference, contact WFPHA Secretariat, c/o American Public Health Association, 1015 15th Street N.W., Washington, D.C. 20005, USA. Tel: (202)789-5696 Fax: (202)789-5681.

March 6 - 12, 1995

The World Summit for Social Development, convened by the United Nations will be held in Copenhagen, Denmark.

Its goal is to promote the economic and social advancement of all peoples and outline the forms of international cooperation and national policies to foster such programs. Three key issues will provide the focus for the Summit:

- Eradication of poverty—economic policies, both at the national and multilateral level which will support economic and social efficiency in an environmentally sustainable manner;
- Enhancing productive employment—unemployment and low productivity employment as outstanding economic and social problems leading to poverty; and,
- Social integration—the cohesion of societies and communities at all levels is eroding with serious consequences for the security of states and the well-being of individuals.

For further information contact the Secretariat of the World Summit for Social Development, DPCSD, Room DC 2-1370, United Nations, New York, New York, 10017, USA. Fax: (212)963-3062.

March 12 - 17, 1995

The World Summit on Television and Children will be held at the World Congress Centre in Melbourne, Australia.

This first-ever summit is hailed by governments and broadcasting organizations as a critically important event in a time when dramatic changes are occurring in electronic communications.

The objectives of this conference are to achieve greater understanding of developments in children's television around the world, to raise the status of children's programming, to draw to the attention of key players in broadcasting the importance of issues relating to children, to agree on a charter of guiding principles in children's television, to ensure that provision of programs for children will be guaranteed as the communication revolution proceeds, to assist the developing world to provide opportunities for children's programming in the future.

Topics include:

- The rights of children in relation to television
- The communication revolution
- Cultural protection versus free market philosophies
- How we finance children's programs
- Existing international production models
- The role of awards and festivals
- The responsibilities of broadcasters to children
- Children's television in this new technological age
- The future of independent production
- Co-production and program exchange
- The role of regulation and standards in the production of programs
- Sponsorship and merchandise

For more information, contact the World Summit on Television and Children, Australian Children's Television Foundation, 199 Grattan Street, Carlton Victoria, 3053 Australia. Tel: (613)348-1144 Fax: (613)347-4194

Calendar

September 4 - 15, 1995

The Fourth World Conference on Women is scheduled to take place in Beijing, China. A parallel Forum of Non-Governmental Organizations (NGOs) will be held, also in Beijing, from August 30 to September 8, 1995. Regional preparatory meetings are being held and will be held in the months leading up to the conference. For a listing of contact names and addresses, see CN Issue #14.

The Coordinators' Notebook, a publication of the Consultative Group on Early Childhood Care and Development, is published twice annually.

Co-directors: Judith L. Evans
Robert G. Myers

Editor: Ellen M. Ifield

Design/Production: Maureen Scanlon
Susan Bergeron-West

Printing: Graphic Printing Company
West Springfield, MA

For subscription information, please contact Judith L. Evans, 6 The Lope, Haydenville, MA 01039 USA

THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT (CG) is an international interagency group dedicated to improving the condition of young children at risk. The CG grounds its work in a cross-disciplinary view of child care and development.

Launched in 1984, the CG has taken as its main purpose the fostering of communication among international donor agencies and their national counterparts, among decision-makers, funders, researchers, programme providers, parents and communities with the goal of strengthening programmes benefitting young children and their families.

The Consultative Group is administered and represented by its Secretariat. The Group includes an International Advisory Committee and a broad-based network of participating organisations and individuals who share a commitment to fostering the well-being and healthy development of young children.

The CG is housed in UNICEF. Administrative backstopping is provided by the High/Scope Foundation. Financial support for the Secretariat comes from participating organisations.

GOALS

TO INCREASE THE KNOWLEDGE BASE. The CG gathers, synthesizes and disseminates information on children's development, drawing from field experiences, traditional wisdom and scientific research.

TO SERVE AS A CATALYST. The CG works to increase awareness of issues affecting children, developing materials and strategies to help move communities, organisations and governments from rhetoric to practice, from policy to programming.

TO BUILD BRIDGES. The CG fosters networking among those with common concerns and interests, working across sectoral divisions, putting people in touch with the work of others by organising meetings, by disseminating information through publications, and by serving as a communications point.

TO SERVE AS A SOUNDING BOARD. The CG engages in dialogue with funders and decision-makers about developments in the field, providing the base for policy formulation, planning, programming and implementation.

Members of the Secretariat occasionally provide technical assistance to individual organisations in programme design, implementation and evaluation, and in the writing of technical papers and reports.

The *Coordinator's Notebook* is produced twice annually. It is one of our networking tools. Each issue focusses on a particular issue or topic, as well as offering network news. We try to provide information on the most appropriate research, field experience and practices to benefit individuals working with young children and their families. We encourage you to share this information with the other networks you take part in. Feel free to copy portions of this *Notebook* and disseminate the information to those who could benefit from it. Please let us know about any programmes or efforts benefitting young children and their families in which you may be involved.

For further information and to subscribe contact:

Dr. Judith L. Evans
6 The Lope
Haydenville, MA 01039 USA
Tel: (413) 268-7272
Fax: (413) 268-7279

The Consultative Group can also be reached through:

Dr. Robert G. Myers
Insurgentes Sur 4411
Ed 25-202
Tlalcoligia
D.F. 14430 MEXICO
Tel/Fax (52-5) 573-3969

CG Secretariat
UNICEF House, DH-40G
Three United Nations Plaza
New York, New York 10017
Tel: (212) 702-7233
Fax: (212) 702-7149